

Name
in
Full

Margaret Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn + Annapolis</u>		Town <u>East</u>		County <u>Anne Arundel Co</u>		MARYLAND	
Date of death <u>1906 Mar. 27</u>		Month <u>Mar.</u>		Day <u>27</u>		Age <u>2 days + a half</u>	
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Brooklyn</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>East + Annapolis Co</u>					
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>Baker</u>					
Father's Name <u>Alfred Baker</u>		Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Rachel S. Conner</u>		Mother's Birthplace <u>Baltimore</u>					
Name of person giving information <u>Alfred Baker</u>		How related to deceased <u>father</u>					

CAUSES OF DEATH

Primary Cyanosis neonatorum 150 How long 2 1/2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

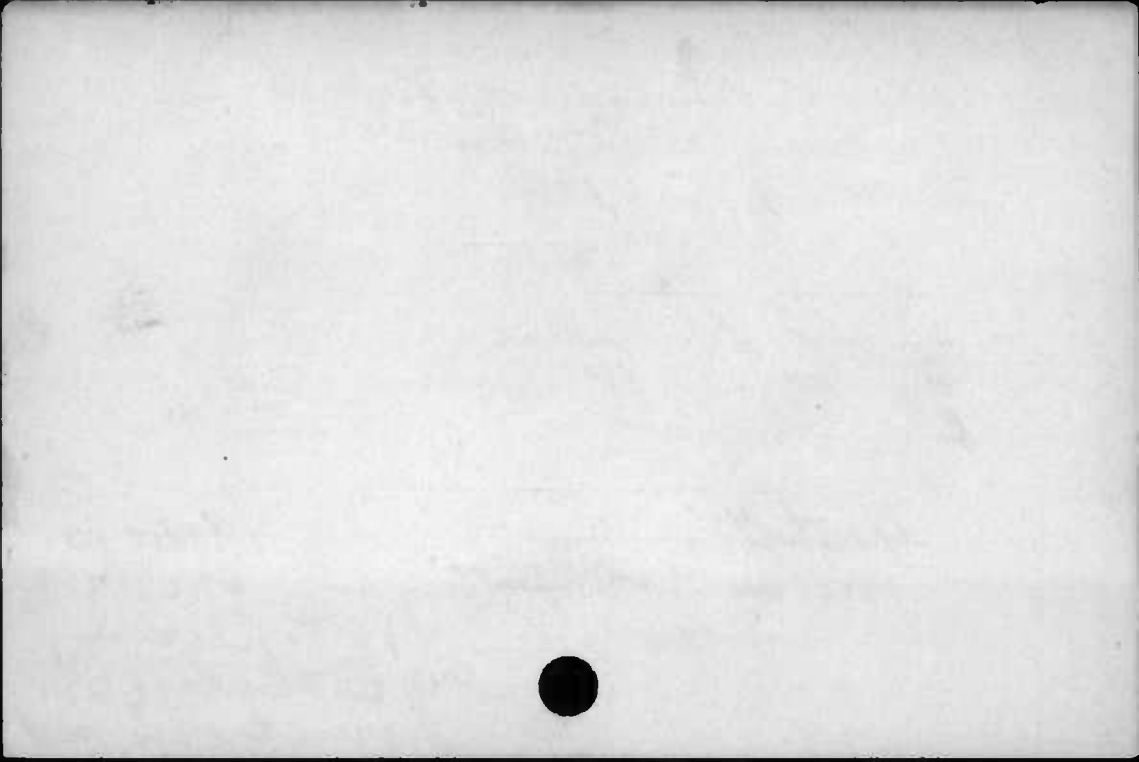
Signature of Physician

Address

W. B. Burch M.D.
Laxapitt + Carrollton Co

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

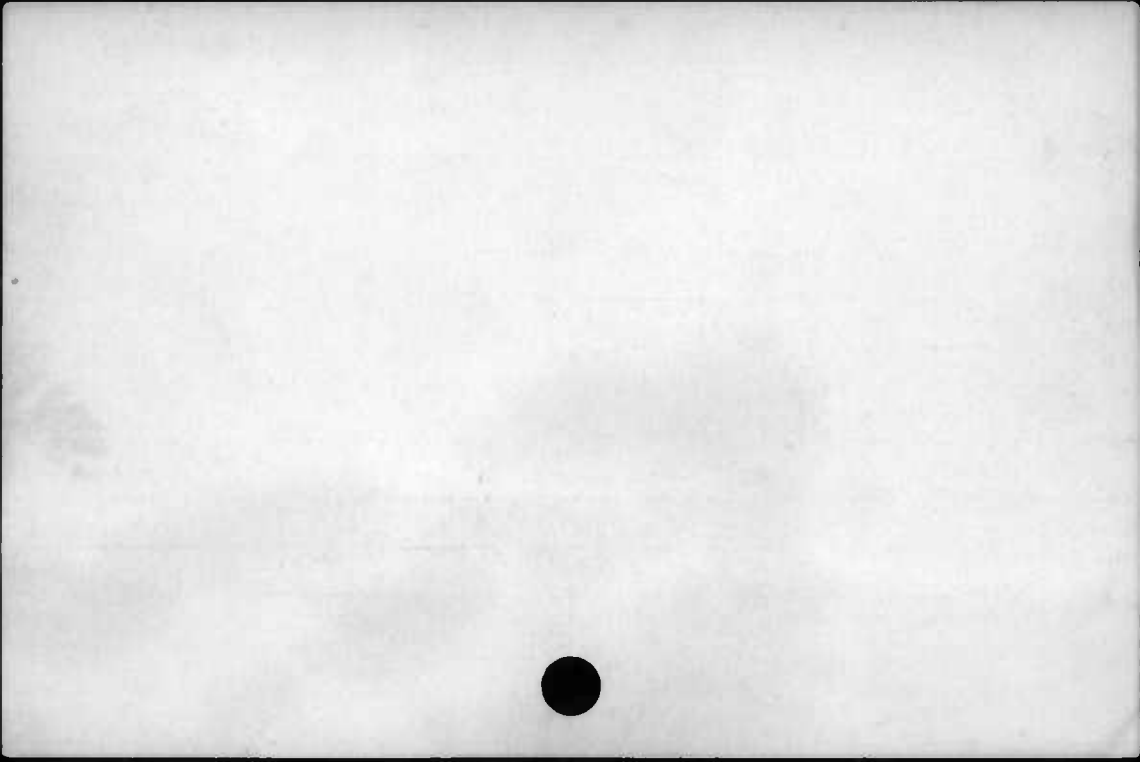
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parole</i> ^{Town}		<i>Ad. Co</i> ^{County}		MARYLAND	
Date of death	1906	Month	March	Day	8th
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race		<i>Colored</i>
Occupation			Birth-place		<i>Parole</i>
Married, Single or Widowed			Name of Wife or Husband		
<i>Single</i>					
Father's Name			Father's Birthplace		
<i>Joseph Brown</i>			<i>Annapolis</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Lissie Walker</i>			<i>Washington</i>		
Name of person giving information			How related to deceased		
<i>Father</i>			<i>()</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>10 days</i>
Immediate	<i>incessant vomiting</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>R. P. Keane</i>	
		Address	
		<i>60 Cathedral St.</i>	
		<i>Annapolis Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H. Brown

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1906 March 25* - Age *86* Years Months *9* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *2nd dist. A.A.C.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Sophia Brown*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *Annie Allen* Mother's Birthplace *A.A.C. Md.*

Name of person giving information *John A. Jacobs* How related to deceased *Son-in-Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

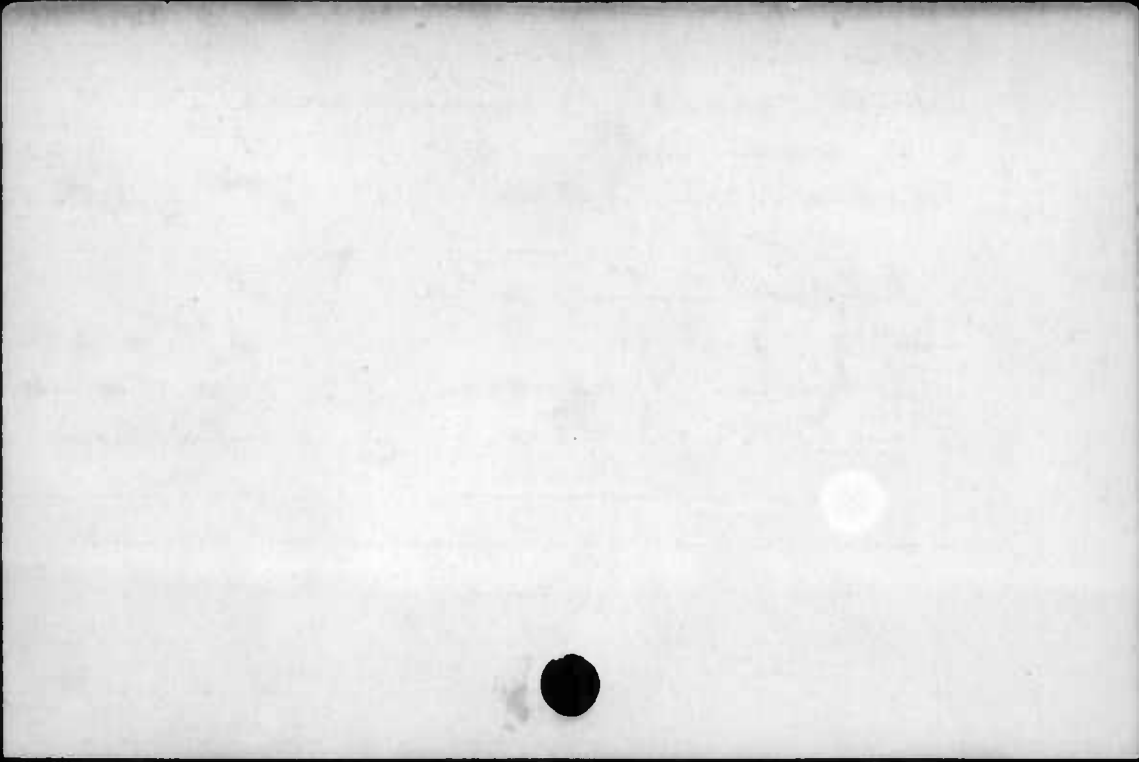
Primary *Serility* How long *Months*

Immediate *Exhaustion* How long *Gradual*

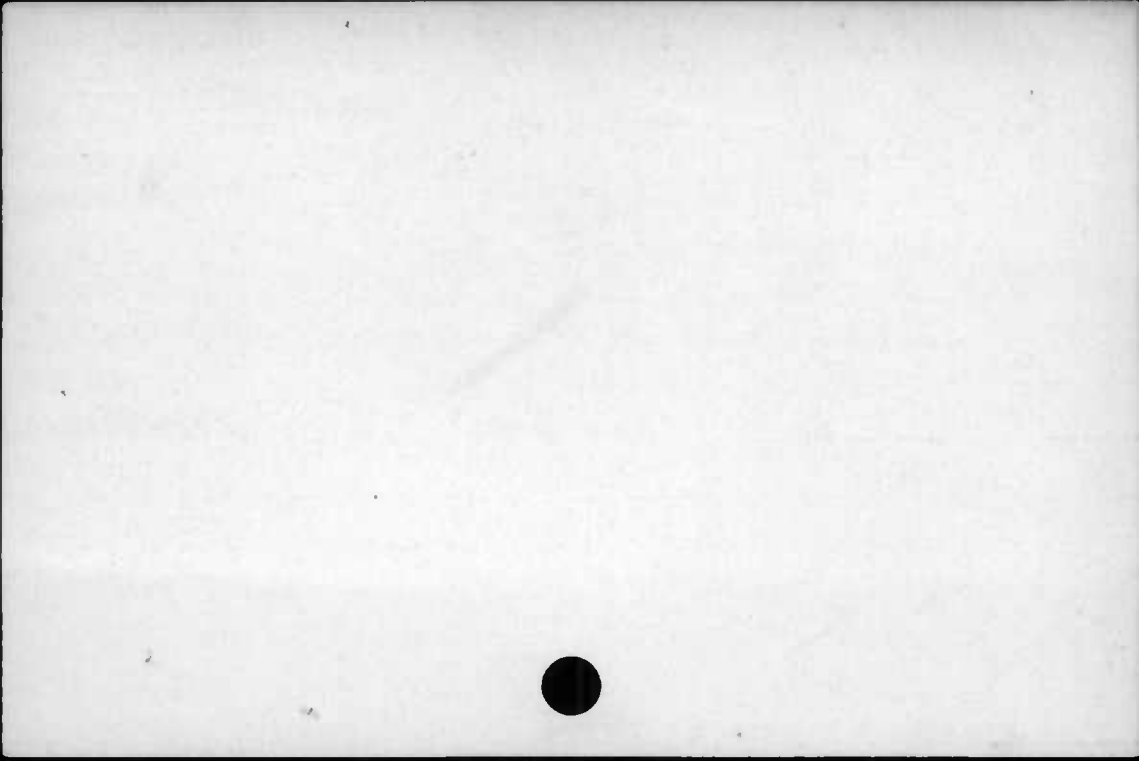
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John R. [illegible]* Address *Annapolis Md.*

Accident or Suicide? *—*



Name in Full Arthur W. Butler		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at St. Marys Town		County Anne Arundell MARYLAND
	Date of death 1906	Month March	Day 25th Years 47
	Sex Male		Color or Race Col.
	Occupation _____		Birth-place 3d dist. A. A. Co.
	Where Residing If not at place of death _____		
	Married, Single or Widowed Single	Name of Wife or Husband _____	
	Father's Name Wm. Butler	Father's Birthplace 3d dist. A. A. Co.	
Mother's Maiden Name Kate Johnson	Mother's Birthplace " " "		
Name of person giving information Wm. Butler	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Dysentery	How long 5 days	
	Immediate _____	How long _____	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. S. Ridout - M. D.	
	Accident or Suicide? _____	Address St. Marys Anne Arundell Co.	



Name

in
Full

CERTIFICATE OF DEATH

James Campbell

Town

County

MARYLAND

Died at Annapolis

Anne Arundell

Date

of death 1906

Month

Mar.

Day

11th

Age

Years

47

Months

6

Days

Sex

Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Waterman

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Campbell

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Mary Mullan

Mother's
Birthplace

Annapolis

Name of person giving
Information

Henry Leambeck

How related
to deceased

Brother.

CAUSES OF DEATH

Primary

La Grippe

How long

2 weeks

Immediate

Heart Disease

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Wm. J. Welch

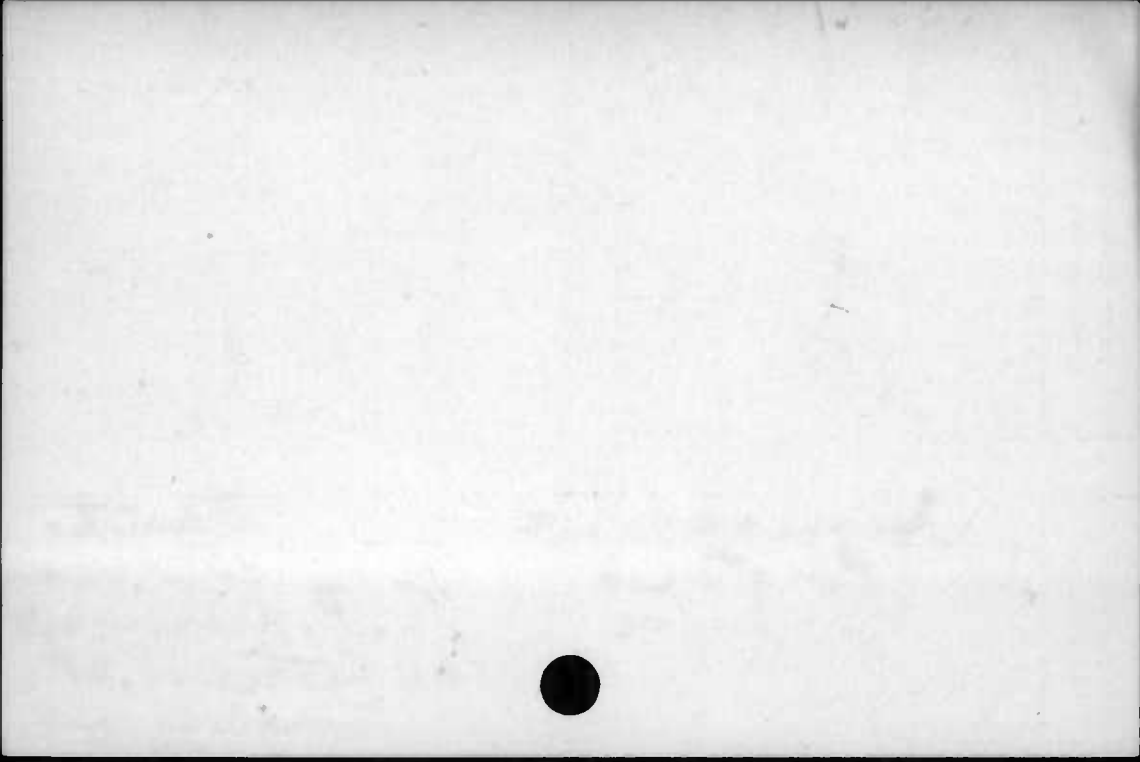
Address

Annapolis

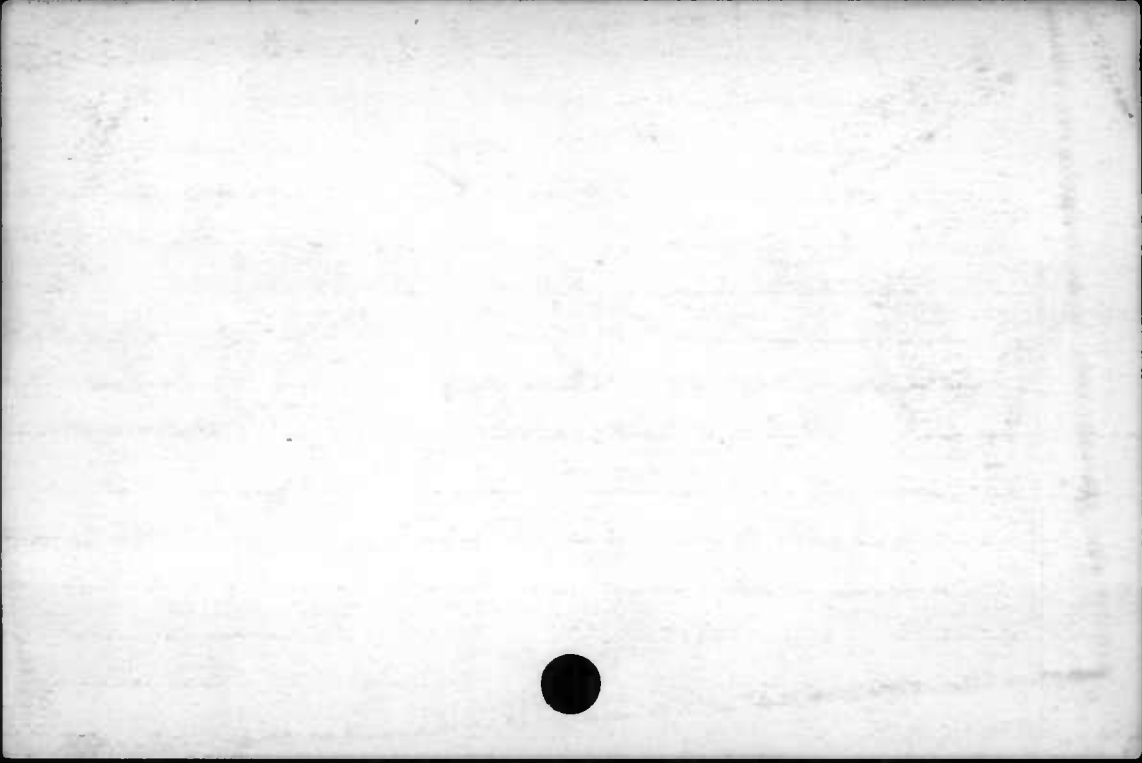
Accident or Suicide?

no.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Norman Carr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Ad Co		MARYLAND	
	Date of death	1906	March	26	4 th	Age	18
	Sex	Male		Color or Race	Caucasian		Birthplace
	Occupation			Where Residing if not at place of death		57 North W. St.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Fred L Carr				Father's Birthplace	Ad Co
	Mother's Maiden Name	Mary Wells				Mother's Birthplace	
Name of person giving information	B. A. Harris				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hemophilia (45)				How long	3 months
	Immediate	Eristaxis				How long	four weeks
	Are the name, age, sex, color, date and place correctly given above?	They are				Signature of Physician	R. P. Kuerstner, M.D.
	Address					60 Cathedral St. Annapolis Md.	
Accident or Suicide?							



Name

in
Full

Sarah Collins

CERTIFICATE OF DEATH

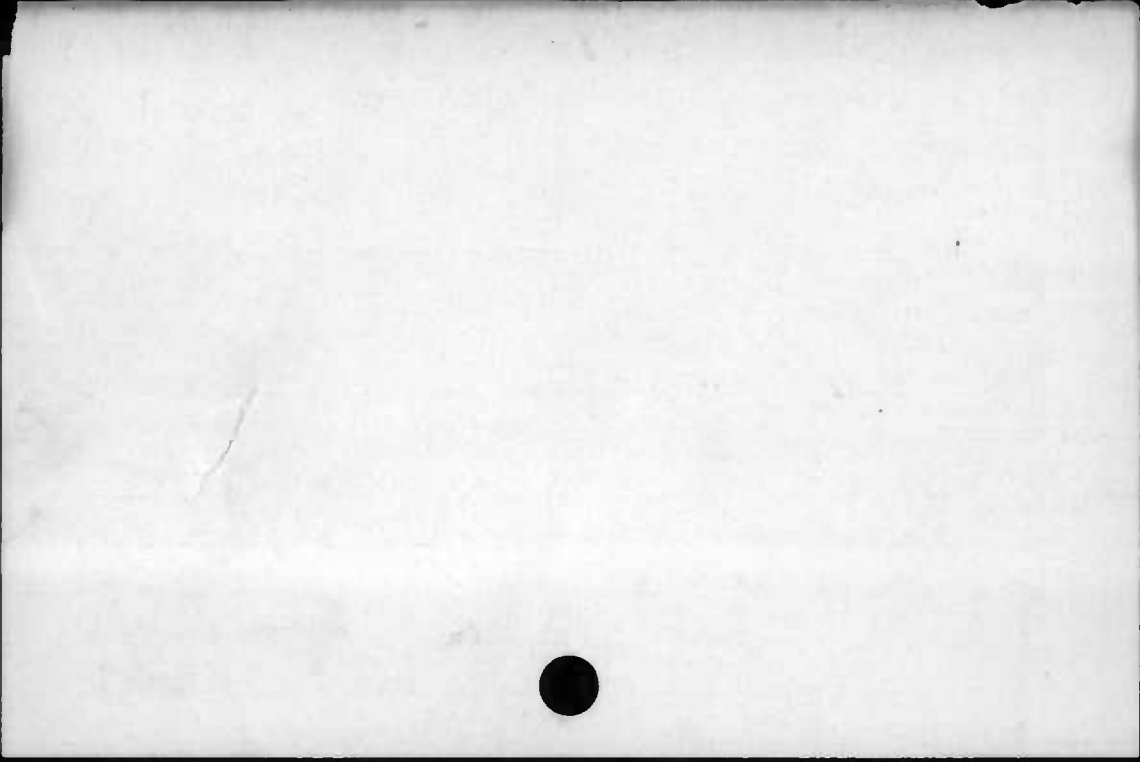
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Mar</i>		Day <i>15</i>		Age <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Annapolis</i>		Months <i>—</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Collins</i>		Father's Name <i>Wm. H. Popham</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Harriet Holland</i>		Name of person giving information <i>George Collins</i>		Mother's Birthplace <i>A.A. Leo</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>6 mos.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Louis B. Henke</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

Mary Adela Day

CERTIFICATE OF DEATH

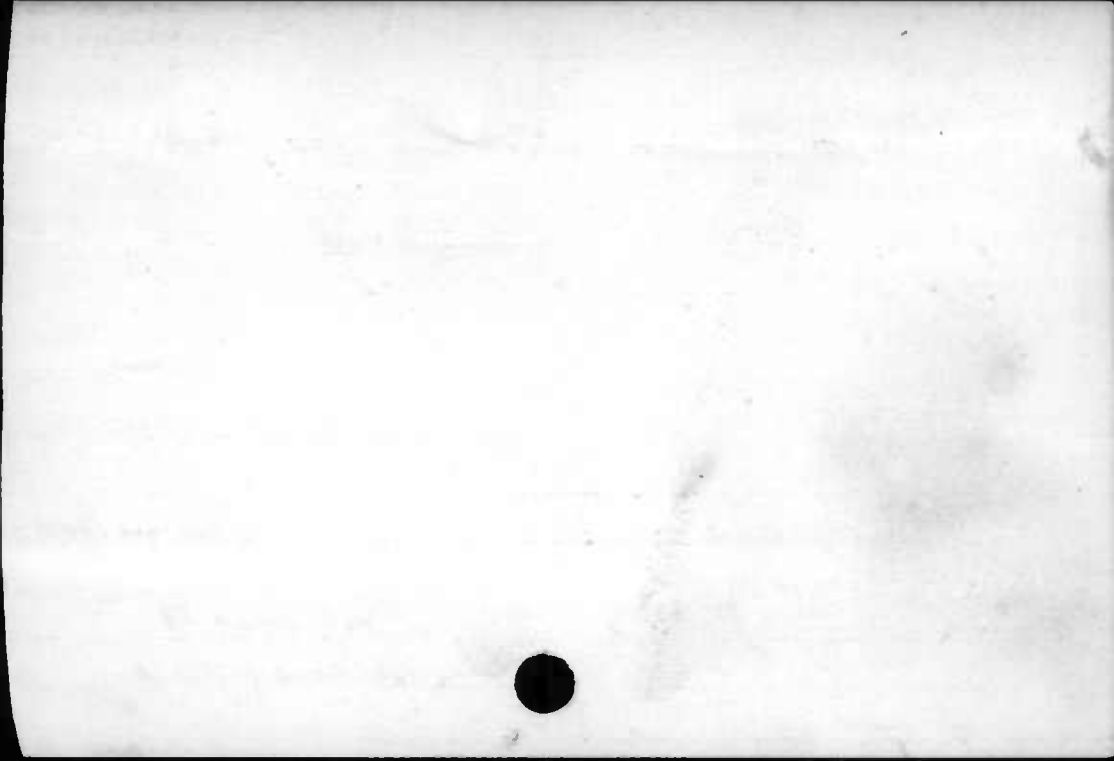
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Adenton</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>3</u> ^{Month}	<u>3</u> ^{Day}	Age <u>3</u> ^{Years}	<u>9</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Nathaniel Day</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary J. Dapton</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Nathaniel Day</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchial Pneumonia</u>	How long <u>two weeks</u>
Immediate <u>Syncope</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. J. Hammond</u>
	Address <u>Garrett Ind.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bonfield Md</i>		<i>Secker</i> County			
Date of death	1906	Month	Mar.	Day	12
		Age	30	Years	
Sex	Female	Color or Race	White	Months	—
Birthplace	<i>Bonfield Md</i>				
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Bonfield Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Arthur None</i>			
Father's Name	<i>James Secker</i>			Father's Birthplace	<i>Wentzville Mo.</i>
Mother's Maiden Name	<i>Mother Matting</i>			Mother's Birthplace	<i>St. L. Co. Mo.</i>
Name of person giving information	<i>Arthur None</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Eleven Mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Gant</i>	
<i>Yes</i>		Address <i>Wentzville Md</i>	
Accident or Suicide?			



Name
in
Full

Francis Dennis

CERTIFICATE OF DEATH

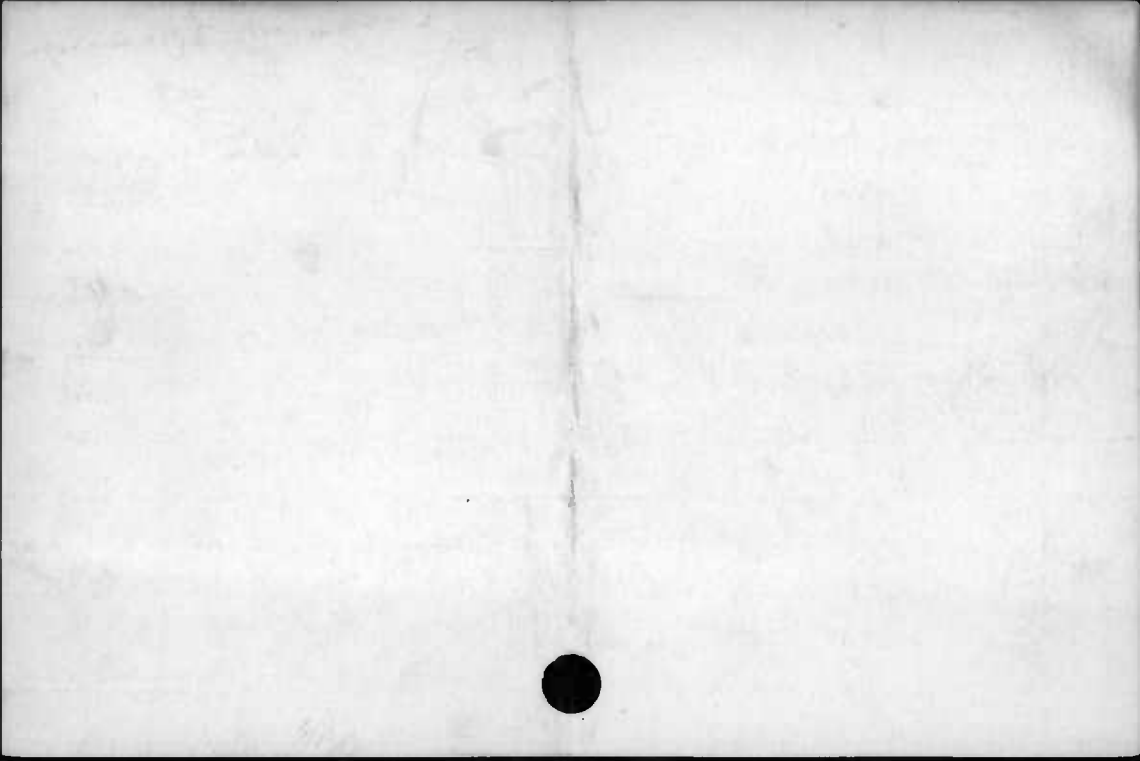
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Accomack</u> ^{Town}		<u>Accomack</u> ^{County}		MARYLAND	
Date of death	190 <u>6</u>	Month <u>March</u>	Day <u>30</u>	Age <u>90</u>	Years <u>10</u> Months <u>10</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Accomack</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>171 Chestnut St</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Dennis</u>		Father's Birthplace <u>Accomack</u>			
Mother's Maiden Name <u>Mary Jane Accomack</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Charles Dennis</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long	<u>One week</u>
Immediate	<u>Apople</u>	How long	<u>90</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>	
<u>yes</u>		Address <u>Accomack</u>	
Accident or Suicide?		<u>no</u>	



Name
in
Full

Mary E. Dotson

CERTIFICATE OF DEATH

MARYLAND

Died at Glenburim

Town

Annamundh

County

Date of death 1906 March

Month

Day

11

Age 33

Years

Months

Days

Sex Female

Color or
Race

color

Birth-
place

Freetown

Occupation

Seamstress

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
HusbandFather's
Name

John H. Spencer

Father's
Birthplace

Freetown

Mother's
Maiden Name

Agnes Francis Benson

Mother's
Birthplace

Town neck

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Indigestion

How long

9 months

Immediate

Phthisis

How long

11 days

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

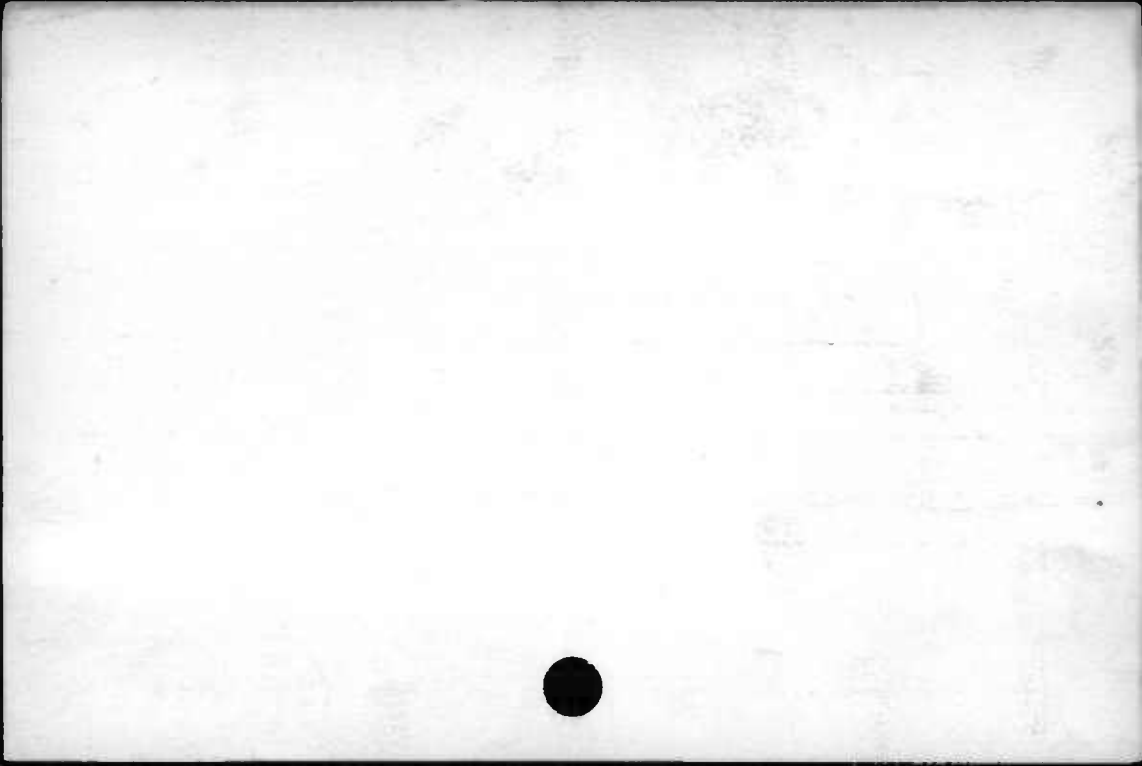
Dr. J. H. Brown

Address

Annapolis P. O. A. A. A. A. A.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles Swarall

CERTIFICATE OF DEATH

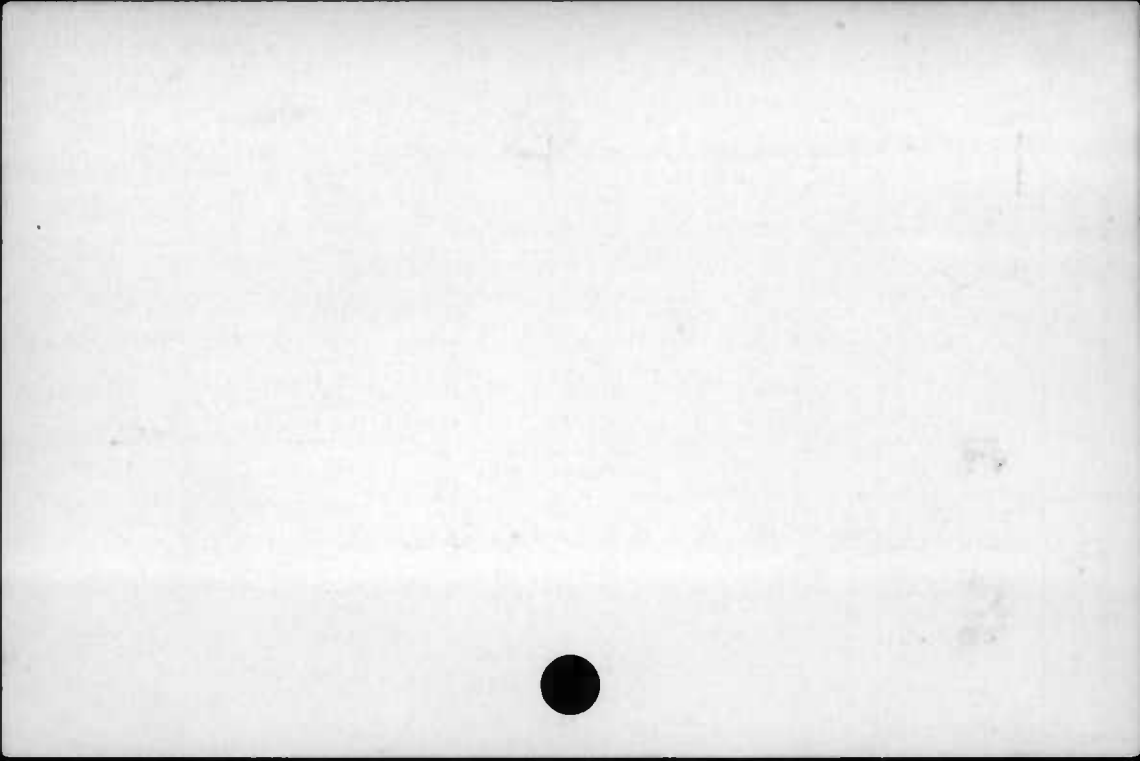
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	June	Day	14	Age	72
Sex	Male	Color or Race	White	Birth-place	St. Marys		
Occupation	Farmer			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Florence Tucker		
Father's Name	Grafton Swarall				Father's Birthplace	Prince Geo	
Mother's Maiden Name	Elizabeth Swarall				Mother's Birthplace	" " "	
Name of person giving information	J. B. Ridout				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prostate	How long	3 years
Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	J. B. Ridout		
Address	St. Marys		
Accident or Suicide?			



Name in Full <i>Infant - no name. Franklin</i>		CERTIFICATE OF DEATH	
Died at <i>Marley</i> Town		County <i>Anne Arundel</i>	
Date of death <i>1906</i> Month <i>March</i> Day <i>10</i> Age <i>1</i> Years		Months Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Anne Arundel Co Md</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>James Franklin</i>	Father's Birthplace <i>a d. Co Md</i>		
Mother's Maiden Name <i>Kate Jackson</i>	Mother's Birthplace <i>a d Co Md</i>		
Name of person giving information <i>Jacob Franklin</i>	How related to deceased <i>grandfather</i>		
CAUSES OF DEATH			
Primary <i>Drowning</i>	How long <i>one month</i>		<i>14</i>
Immediate <i>Dysentery</i>	How long <i>2 to 3 days</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Lerane M.D.</i>		
	Address <i>Armidar</i>		
Accident or Suicide?	<i>a d Co Md</i>		



Name
in
Full

Estelle Green

CERTIFICATE OF DEATH

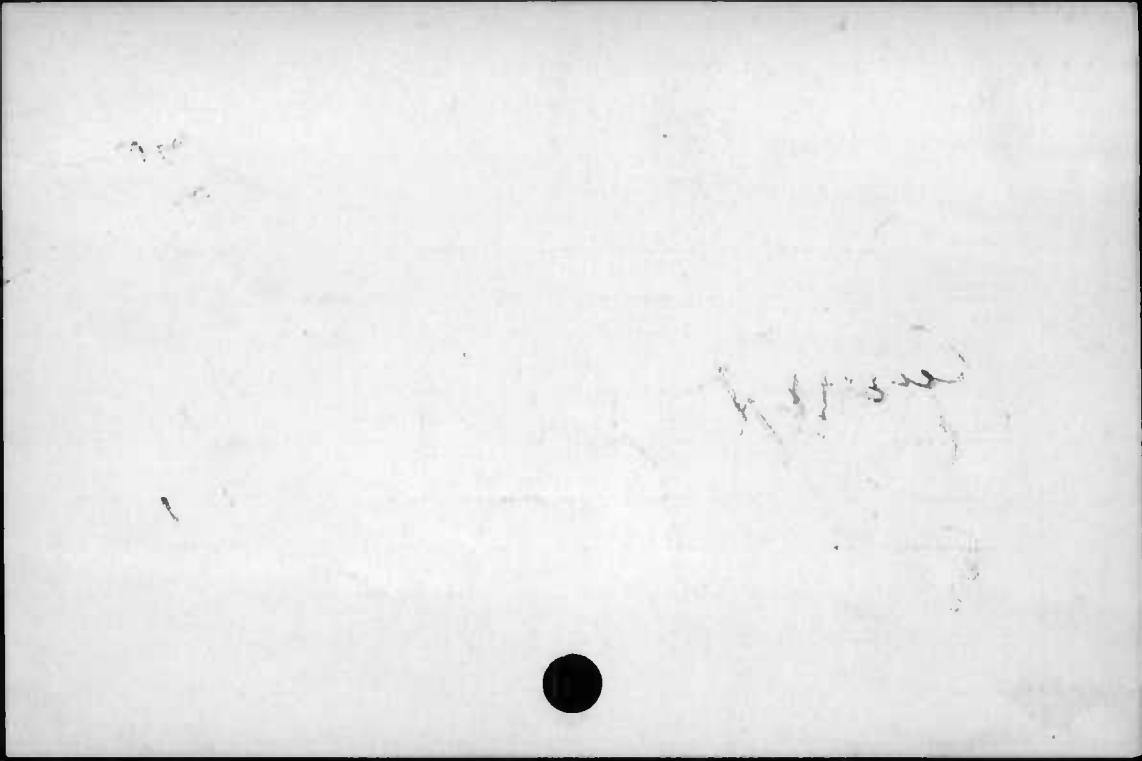
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benfield</u> <small>Town</small>		<u>A. A.</u> <small>County</small>		MARYLAND	
Date of death	<u>1904</u> <small>Month</small>	<u>Mar-</u> <small>Day</small>	<u>23</u> <small>Age</small>	<u>20</u> <small>Years</small>	<u>0</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>A. A. Co. Md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Pinckney Green</u>			Father's Birthplace	<u>P. G. Co. Md</u>
Mother's Maiden Name	<u>Maclara Edlin</u>			Mother's Birthplace	<u>Calvert Co. Md</u>
Name of person giving information	<u>Jas. Edwards</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>12 mos-</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<u>A. B. Gant</u>	
Address		<u>Millersville Md</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

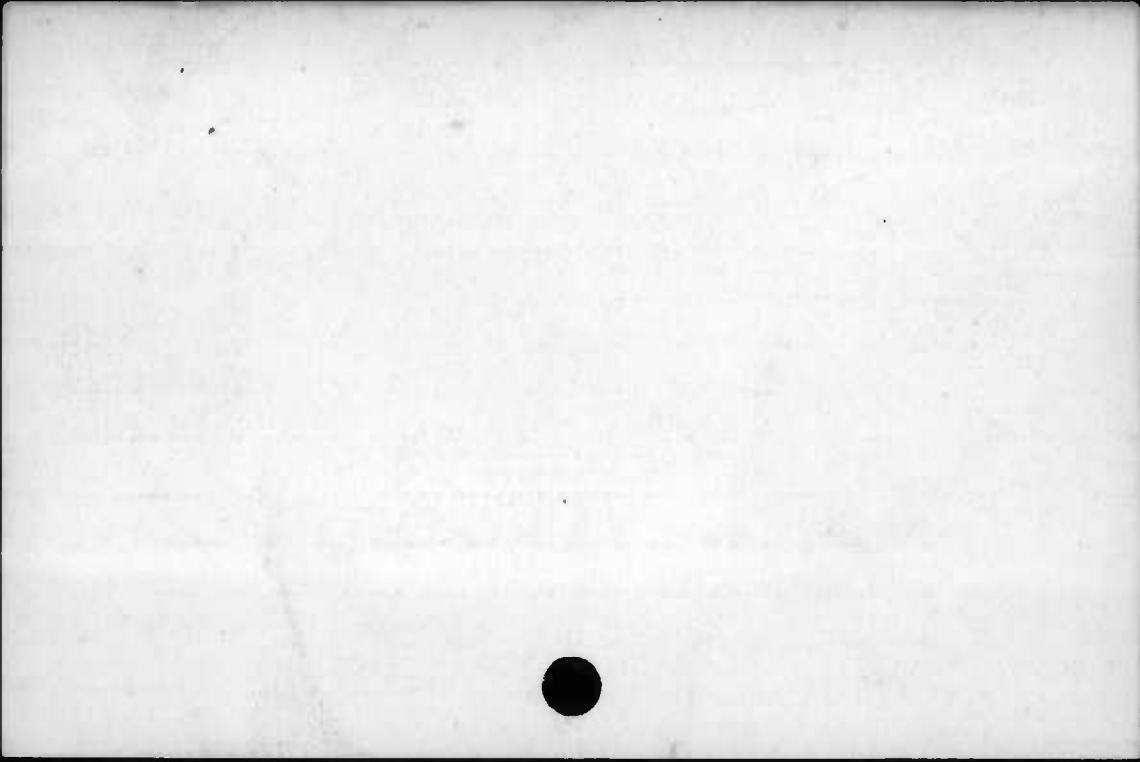
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louise Griffin</i>		County <i>Annapolis</i>		MAYLAND	
Died at <i>Annapolis</i>		County <i>Annapolis</i>		MAYLAND	
Date of death <i>1906</i>		Month <i>March</i>		Day <i>11</i>	
Age <i>24</i>		Years <i>24</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Annapolis</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>61 Clay St.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Solomon Griffin</i>		Father's Birthplace <i>A.A.Co.</i>			
Mother's Maiden Name <i>Amanda Coates</i>		Mother's Birthplace <i>Calvert</i>			
Name of person giving information <i>Amanda Coates</i>		How related to deceased <i>Mother</i>			

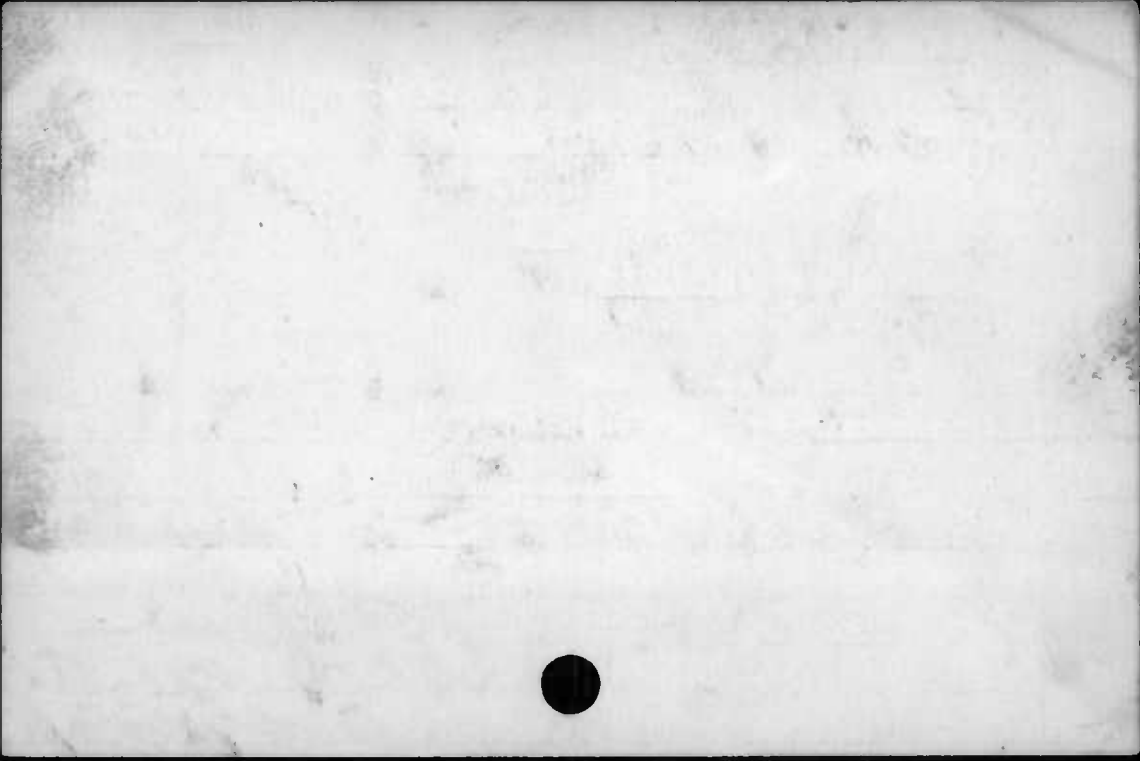
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza Nephritis</i>	How long <i>Six weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full Rhoda Stall		Town Stall		County A. A. C.		CERTIFICATE OF DEATH	
Died at Annapolis Md		Date of death 1905		Month March		Day 16	
Age 3		Years —		Months 3		Days —	
Sex Female		Color or Race colored		Birth-place Annapolis Md			
Occupation —		Where Residing if not at place of death 60 Northwest at					
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name William Stall		Father's Birthplace Annapolis Md					
Mother's Maiden Name Amelia Esner		Mother's Birthplace Annapolis Md					
Name of person giving information Amelia Stall		(90)		How related to deceased mother			
CAUSES OF DEATH							
Primary Capillary Bronchitis		How long Six days					
Immediate Yes		How long —					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Ridout, M.D.					
		Address Annapolis Md					
Accident or Suicide?							



Name
in
Full

Harris

CERTIFICATE OF DEATH

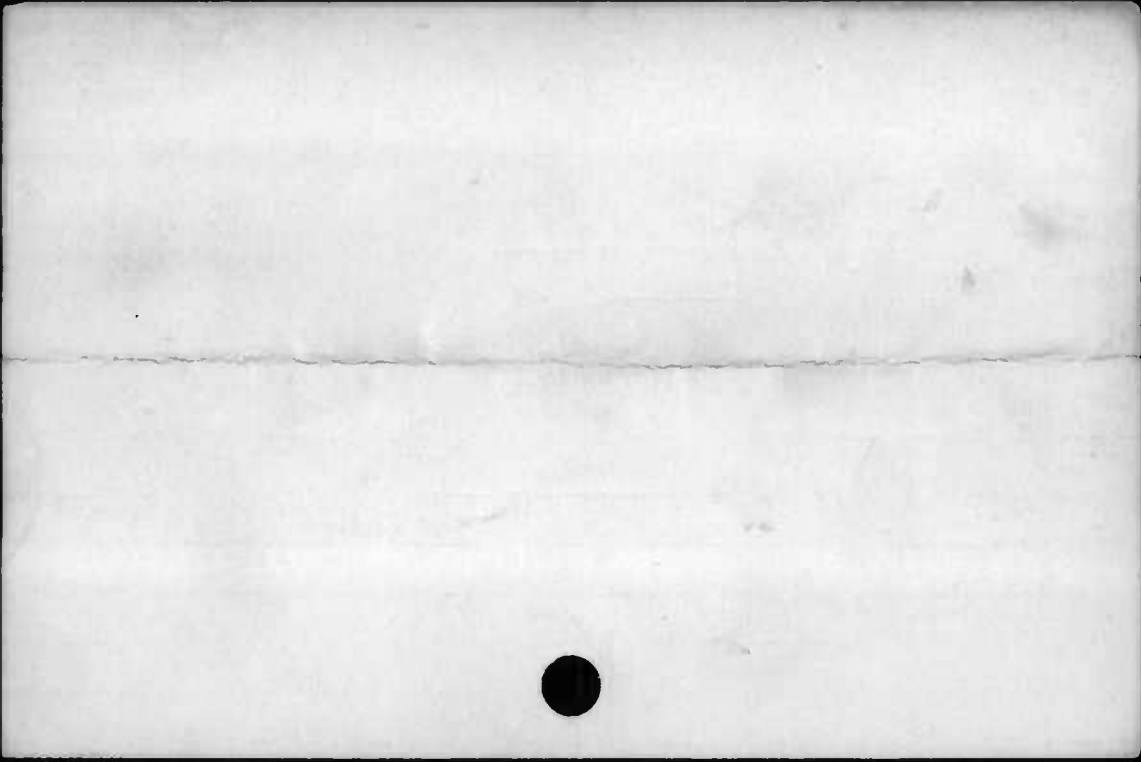
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town <i>Annapolis</i> County <i>Annapolis</i> MARYLAND	
Date of death <i>1906</i> Month <i>March</i> Day <i>27</i>	Age <i>16</i> Years <i>16</i> Months <i>16</i> Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>
Occupation <i></i>	Birth-place <i>Annapolis</i>
Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>
Father's Name <i>James Harris</i>	Father's Birthplace <i>Annapolis</i>
Mother's Maiden Name <i>Sigourney Dobson</i>	Mother's Birthplace <i></i>
Name of person giving information <i>James Harris</i>	How related to deceased <i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>Several days</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>P. P. Keenan</i>
	Address <i>60 Cathedral St. Annapolis Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Darren M. Harman

Town

County

MARYLAND

Died at

Harman

Anne Arundel

Date

Month

Day

Years

Months

Days

of death 1906

3

3

Age

9

1

Sex

Female

Color or
Race

Colored

Birth-
place

Harman

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Babel Kow Kow

Father's
Birthplace

Ma

Mother's
Maiden Name

Nellie Adams

Mother's
Birthplace

Ma

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Consumption

(71)

How long

3 months

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

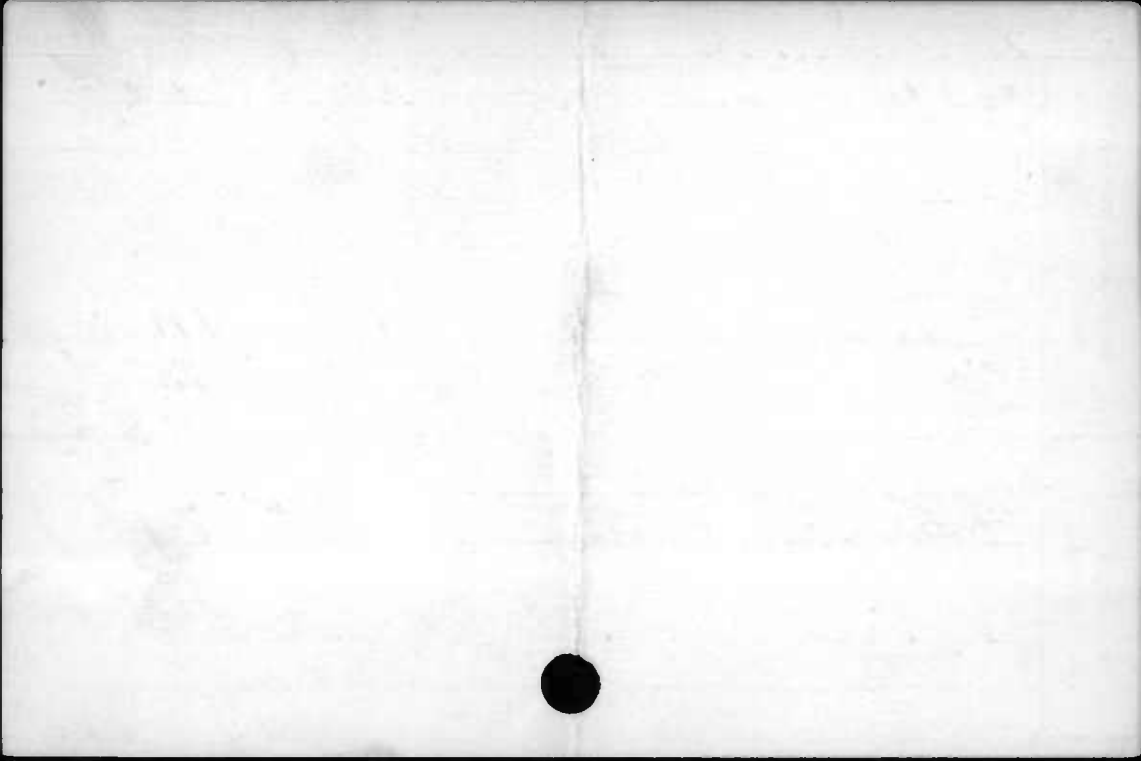
Signature of
Physician

Address

Chapman Tansone
Elk Ridge
Ma

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Henderson* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1906* Month *March* Day *11* Age *9* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

Occupation _____ Where Residing if not at place of death *87 Calvert St.*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Richard Henderson* Father's Birthplace *Annapolis*

Mother's Maiden Name *Margaret Brown* Mother's Birthplace *A. A. Co.*

Name of person giving information *father* How related to deceased *1*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastro-Enteritis* *105* How long *one week*

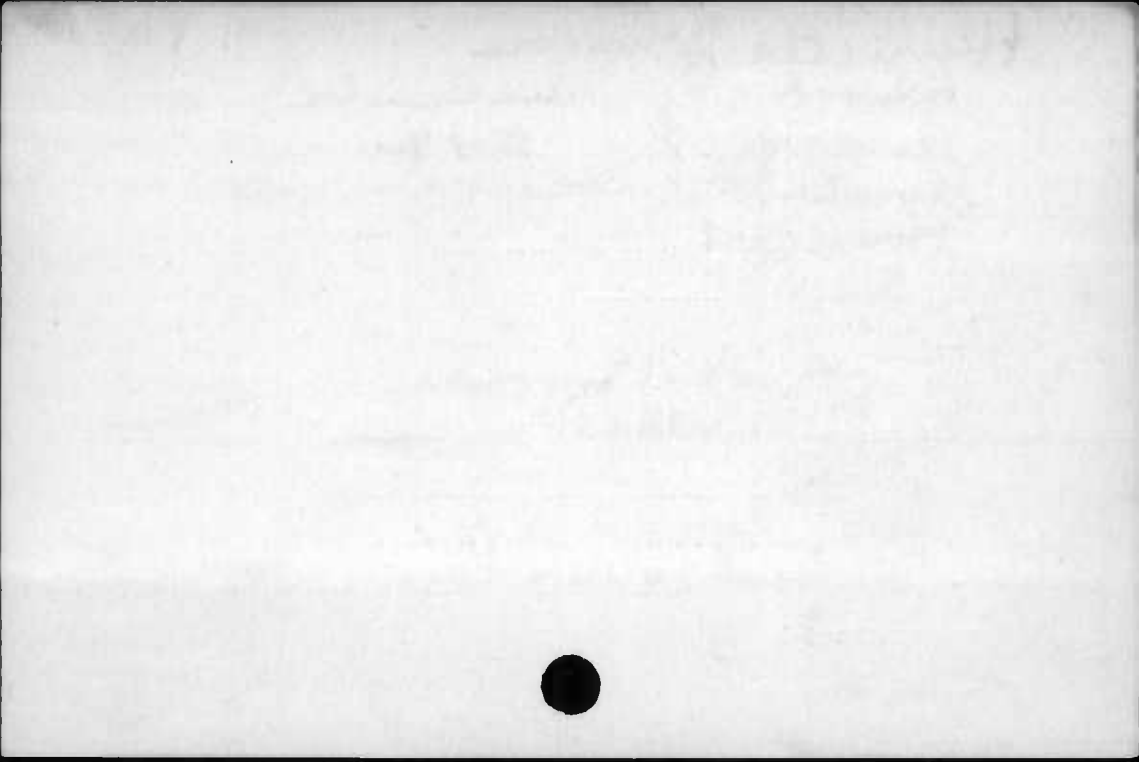
Immediate *convulsions* How long _____

Are the name, age, sex, color, date and place correctly given above?
yes

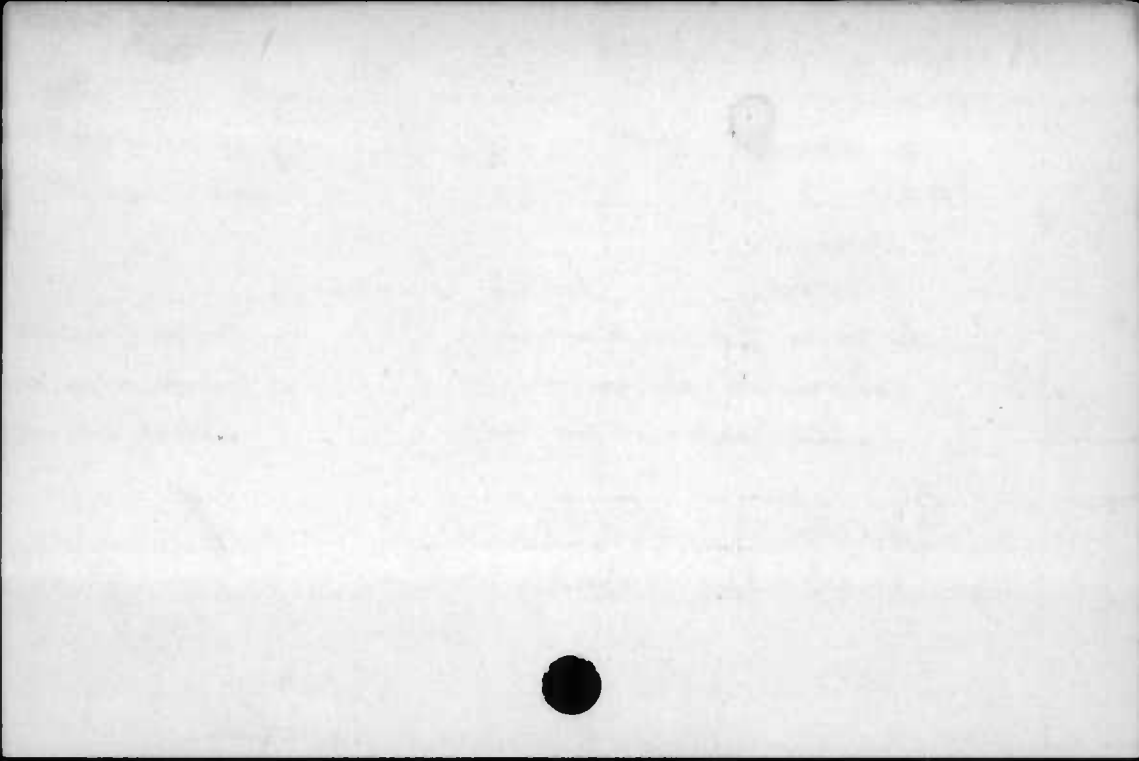
Signature of Physician *John Ridout*

Address *Annapolis*

Accident or Suicide? _____



Name in Full		Henrietta Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hamwood</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Mar</u> <small>Day</small> <u>18</u>		Age <u>24</u> <small>Years</small> <u>Yrs</u>		<u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>A.C.C.</u>	
		Occupation <u>House girl</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>—</u>		Father's Birthplace <u>—</u>			
		Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>W.H. Talbath</u>		How related to deceased <u>None</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">64</div>							
PHYSICIAN • OR CORONER		Primary <u>—</u>		How long <u>—</u>			
		Immediate <u>Cerebral Hemorrhage</u>		How long <u>—</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		<u>Yes</u>		Address <u>Dr. Maeland Cammard</u>			
Accident or Suicide?		<u>Sub-Registrar</u>		<u>West River</u>			



Name
in
Full

Phillip Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundell</i> <small>County</small>		MARYLAND	
Date of death	1906.	Month	June	Day	31 st
Age	56	Years	5	Months	9 -
Sex	Male	Color or Race	Col.	Birth-place	Anne Arundell
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married.	Name of Wife or Husband	Sallie Carroll		
Father's Name	Jacob Johnson		Father's Birthplace	Anne Arundell	
Mother's Maiden Name	Sarah Smith		Mother's Birthplace	Anne Arundell	
Name of person giving information	Margaret Johnson		How related to deceased	daughter	

104

CAUSES OF DEATH

PHYSICIAN
OR CORONER

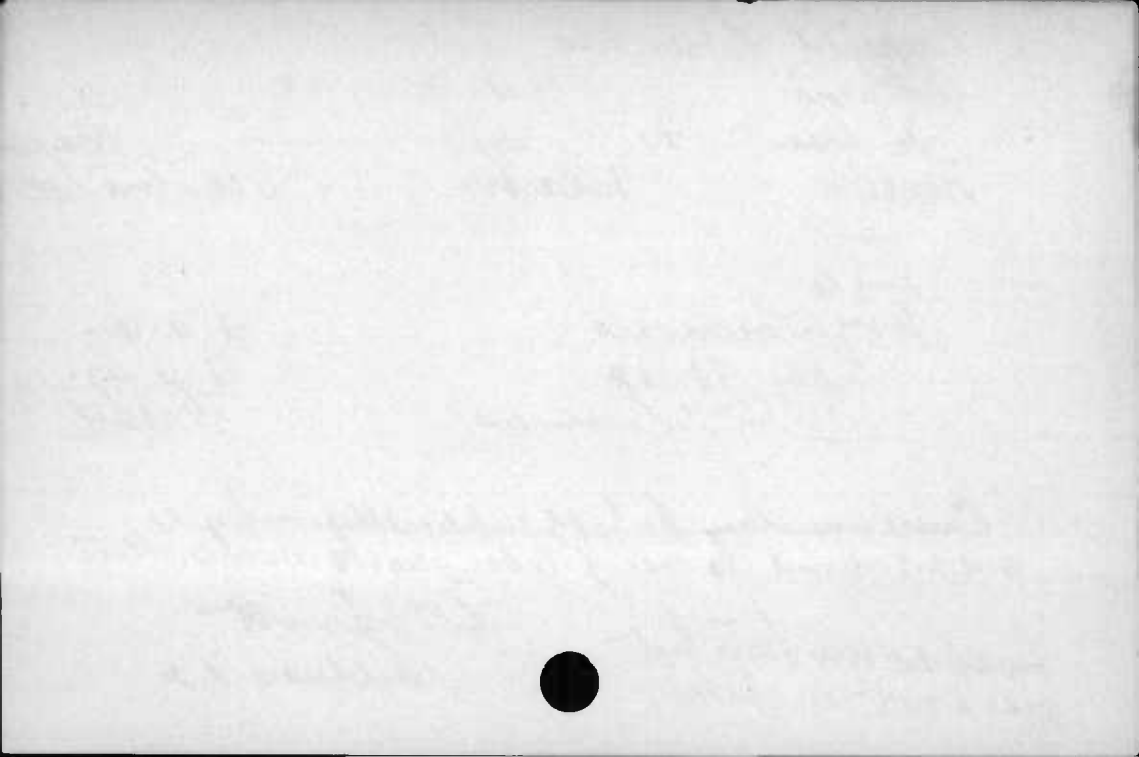
Primary	Gastric catarrh		How long	3 or 4 months
Immediate	Hepatic congestion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		John Ridoutt		
		Address		
		Annapolis Md.		
Accident or Suicide?				



Name in Full		Kimball (Still born)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> <small>Town</small>		County		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>March</u> <small>Day</small> <u>30</u> <small>Years</small> <u>—</u>		Age		<small>Months</small> <u>—</u> <small>Days</small> <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>—</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>Thomas Kimball</u>		Father's Birthplace <u>A.A.C. Ind</u>			
		Mother's Maiden Name <u>Kate Blackstone</u>		Mother's Birthplace <u>P.S.C. Ind</u>			
Name of person giving information <u>Kate Kimball</u>		How related to deceased <u>Mother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Still born</u>		How long <u>—</u>			
		Immediate		How long <u>—</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. S. Welch</u>			
				Address <u>Annapolis</u>			
		Accident or Suicide? <u>no</u>					



Name in Full		Nannie B Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Sunderly				Ann Arundel		
	Date of death		Month	Day	Years	Months	Days
	1906		Mar	4	Age 36		
	Sex		Color or Race		Birth-place		
	Female		Caucasian		AA Co		
	Occupation		Where Residing if not at place of death				
Housewife							
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Husband				
	Single		John B Lewis				
	Father's Name		Father's Birthplace				
	Thomas Hardisty		AA Co				
	Mother's Maiden Name		Mother's Birthplace				
Crandall		AA Co					
Name of person giving information		How related to deceased					
Thomas Hardisty		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Myocardial insufficiency		79			Several years	
	Immediate		How long				
	Cardiac Disturbance		Acut			Few seconds	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Address					
		M. A. C. and C. and M. D.					
Accident or Suicide?		Sub-Registrar					



Name
in
Full

Earnest Lounicus

CERTIFICATE OF DEATH

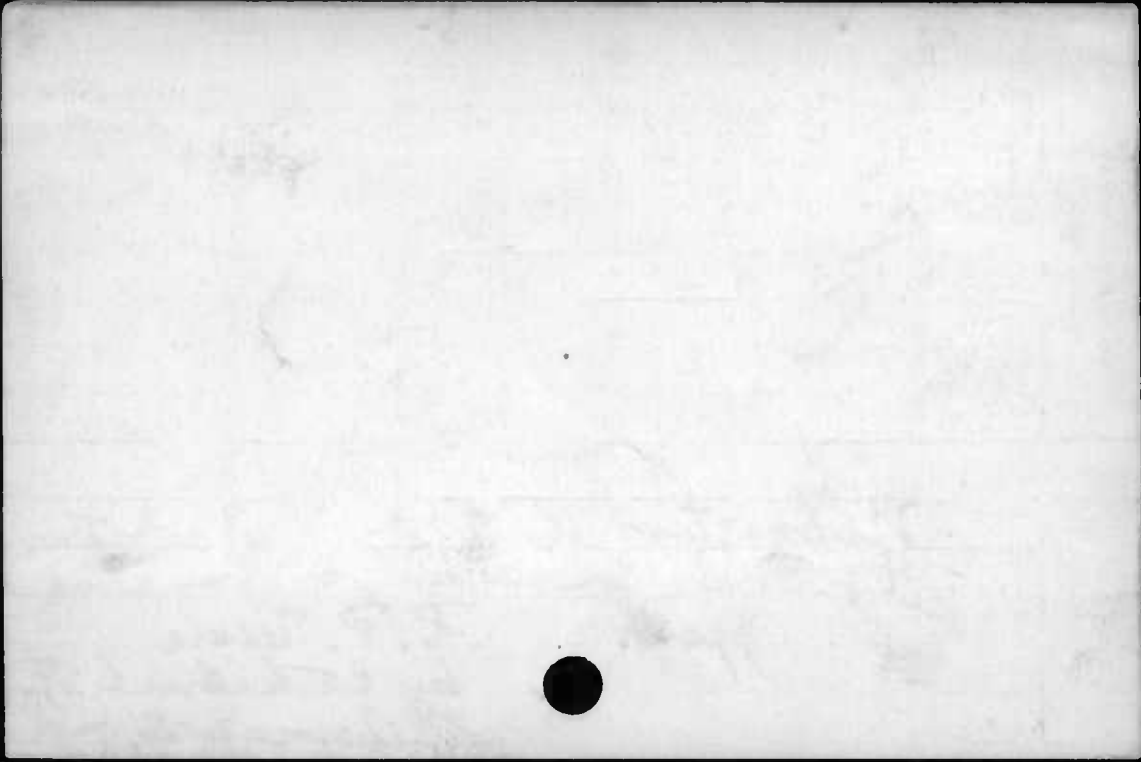
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Odenton</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar.</i>	Day <i>17</i>	Age	Years	Months <i>one</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Odenton Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm Lounicus</i>		Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Lilly Haez</i>		Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Wm Lounicus</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause uncertain: probable umbilical hernia	How long
Did not attend the case of labor. Saw the mother after	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Bryant</i>
<i>The child was born but did not see child</i>	Address <i>Millersville</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

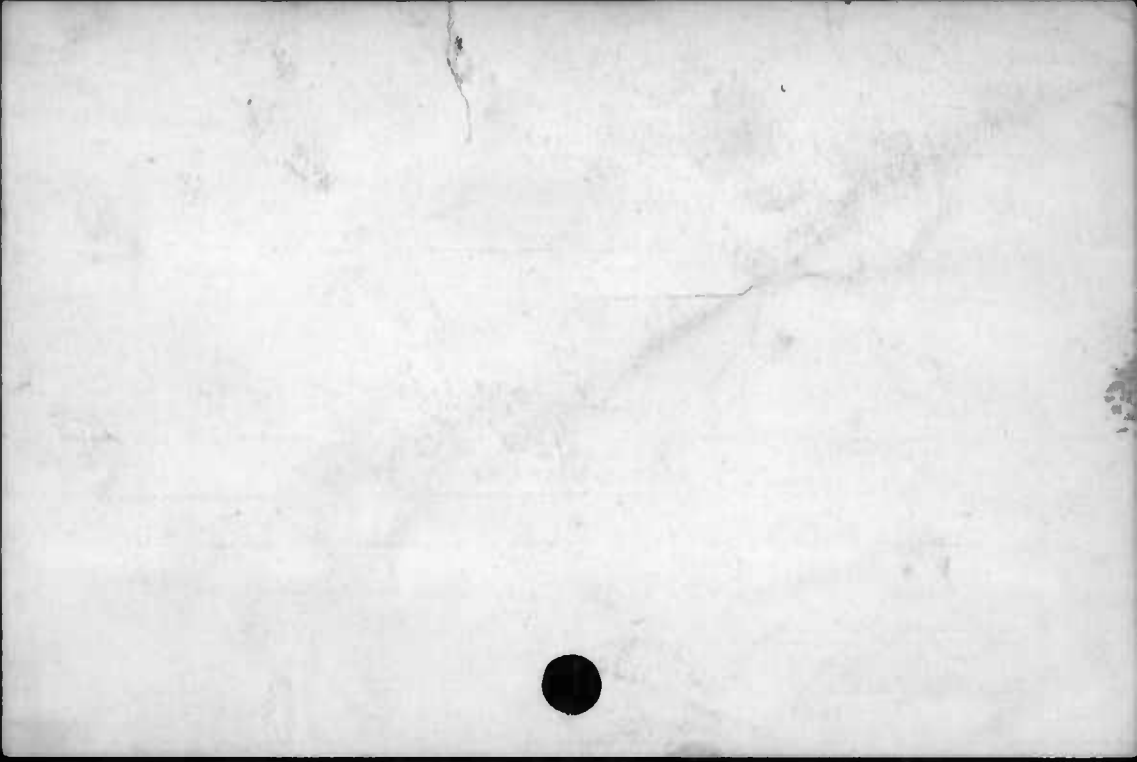
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>March</i>	Day <i>17</i>	Age <i>5-4</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Annapolis</i>				
Occupation <i>Cook</i>			Where Residing if not at place of death <i>77 Clay St.</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary McQueen</i>					
Father's Name <i>Robert McQueen</i>		Father's Birthplace <i>A. A. Co.</i>					
Mother's Maiden Name <i>Elizabeth Franklin</i>		Mother's Birthplace <i>A. A. Co.</i>					
Name of person giving information <i>George McQueen</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis (Acute)</i>	How long	<i>9 months.</i>
Immediate	<i>Uremia Convulsions</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. F. Nease</i>	
		Address <i>60 Cathedral St.</i>	
		<i>Annapolis, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

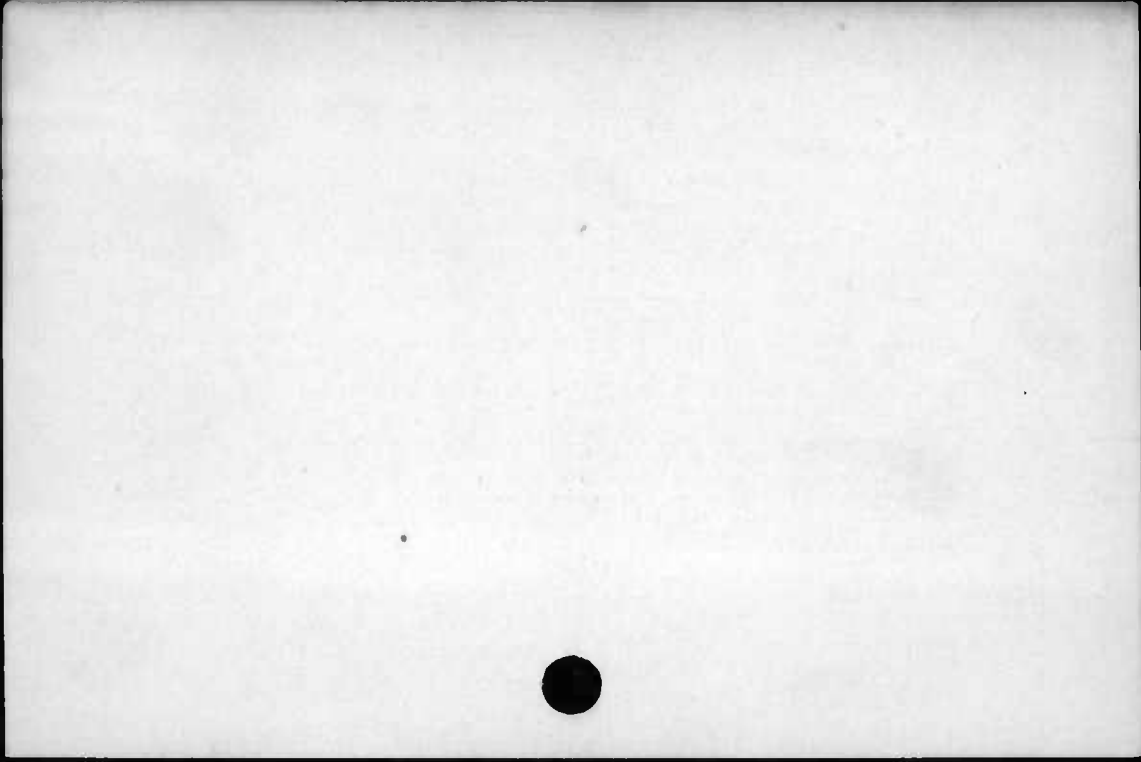
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchton</u> ^{Town}		<u>Q. A.</u> ^{County}		MARYLAND		
Date of death	<u>1906</u> ^{Year}	<u>Mar</u> ^{Month}	<u>4</u> ^{Day}	<u>1</u> ^{Years}	<u>3</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Churchton Md</u>	
Occupation	<u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name	<u>Alex. Murray</u>			Father's Birthplace	<u>Md</u>	
Mother's Maiden Name	<u>Eliza Chew</u>			Mother's Birthplace	<u>Md</u>	
Name of person giving information	<u>Alex Murray</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>4 days</u>
Immediate	<u>Capillary Bronchitis</u>	How long	<u>18 Hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Yes T. Dent</u>
		Address	<u>Churchton</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

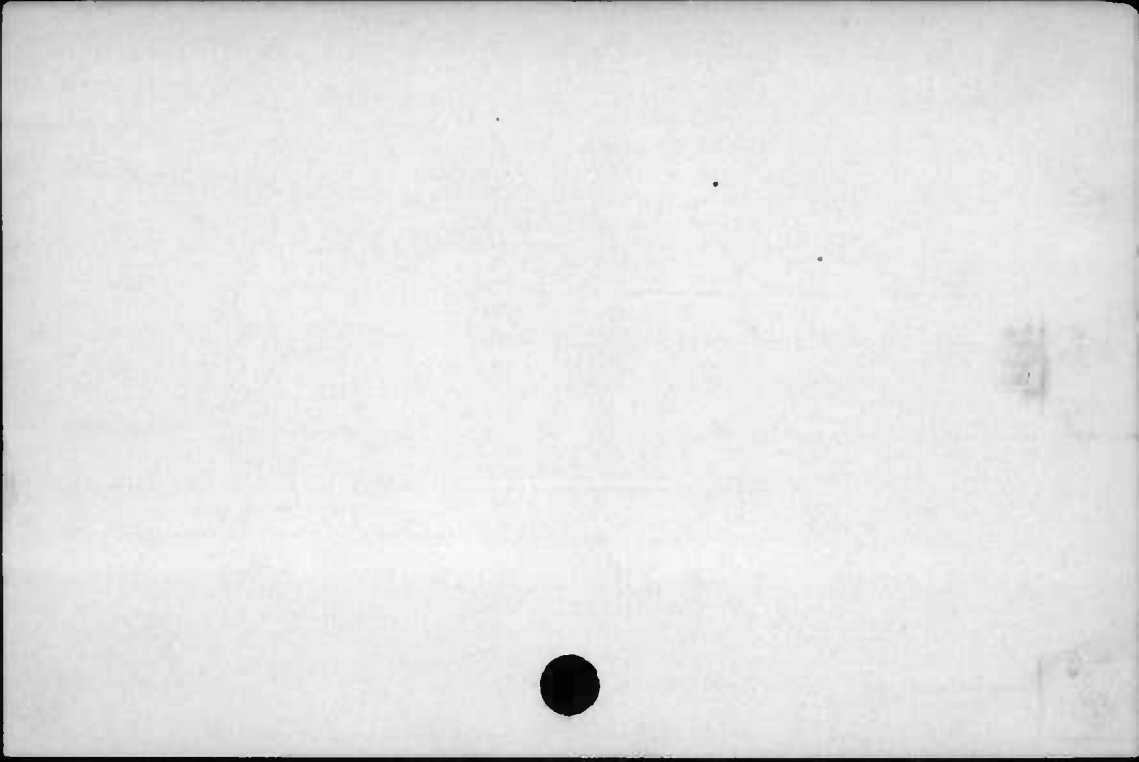
MARYLAND

Died at <i>Brooklyn</i>		Town <i>Brooklyn</i>		County <i>aa</i>	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>20</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Me</i>		Days <i>17</i>
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John E. Potter</i>		Father's Birthplace <i>Me</i>			
Mother's Maiden Name <i>Emma M. McPherson</i>		Mother's Birthplace <i>Me</i>			
Name of person giving information <i>John E. Potter</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Murder</i>	How long <i>4 wks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. B. Brooke</i>
	Address
Accident or Suicide?	



Name
in
Full

Walter H. Potee

CERTIFICATE OF DEATH

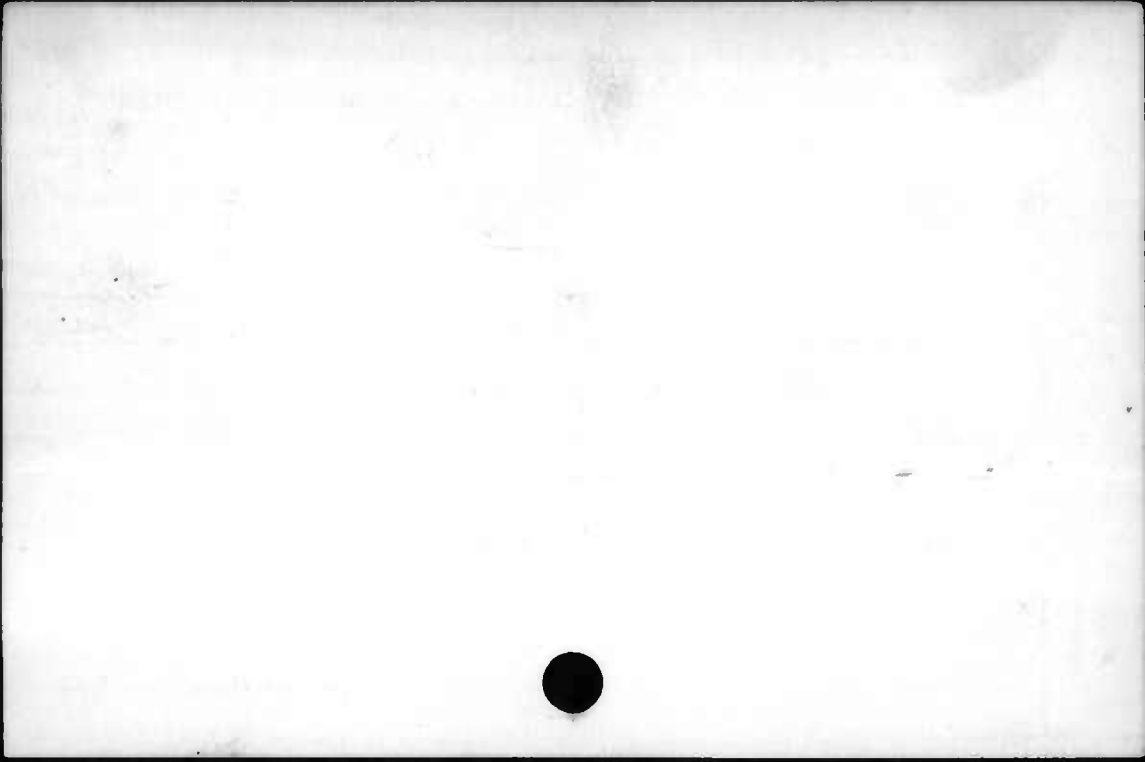
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>3</i>	Day <i>23</i>	Years <i>28</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George H Potee</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sarah M Roach</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>George H Potee</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shot gun wound</i>	How long <i>(159)</i>
Immediate <i>Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. L. Hawkins</i>
	Address <i>Brooklyn Md</i>
Accident Suicide? <i>—</i>	



Name
in
Full

Grace Robinson

CERTIFICATE OF DEATH

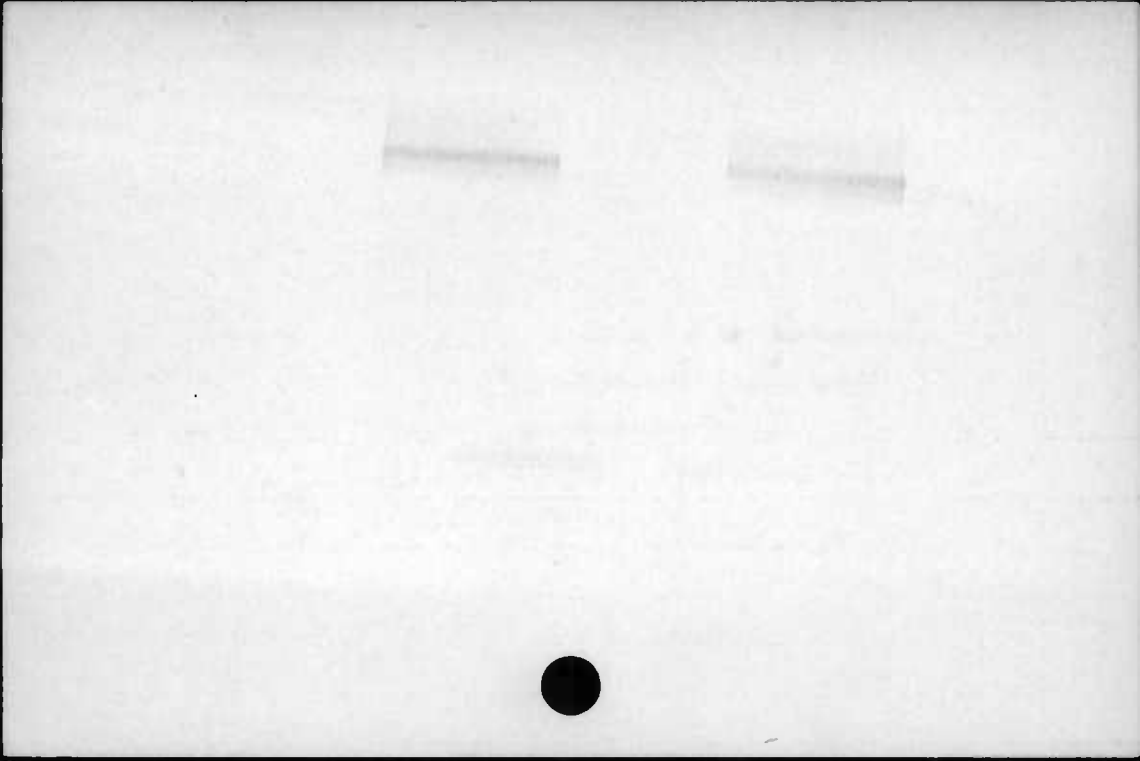
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arnolds</i> ^{Town} <i>2 dist.</i> ^{County} <i>Anne Arundell</i> MARYLAND	
Date of death 1906	Month <i>Mar</i> Day <i>12</i> Age <i>4</i> Years <i>2</i> Months <i>2</i> Days
Sex <i>Female</i>	Color or Race <i>Col</i> Birth-place <i>Anne Arundell Co</i>
Occupation _____	Where Residing if not at place of death _____
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____
Father's Name <i>Alexander Robinson</i>	Father's Birthplace <i>Va.</i>
Mother's Maiden Name <i>Grace Hawkins</i>	Mother's Birthplace <i>A. A Co</i>
Name of person giving information <i>Alexander Robinson</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro spinal meningitis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Ridout - M.D.</i>
	Address <i>W. Morgans m d</i>
Accident or Suicide?	



Name
in
Full

Stillborn Shea

CERTIFICATE OF DEATH

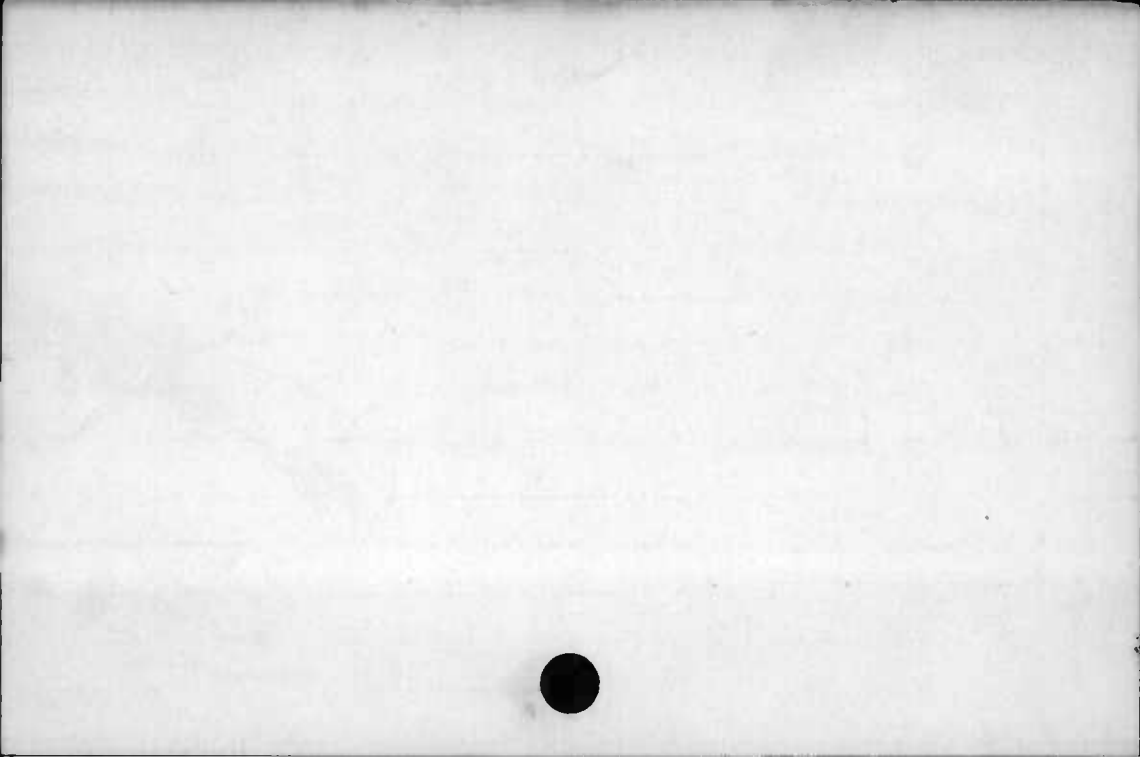
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1906	Month	Mar.	Day	27
Sex	Male	Color or Race	White	Years	—
Birth-place	Annapolis				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Dennis Shea			Father's Birthplace	Ill.
Mother's Maiden Name	Merin Murdock			Mother's Birthplace	Mich.
Name of person giving information	Father			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. Bennett, M.D.
		Address	9 St. John St., Annapolis, Md.
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

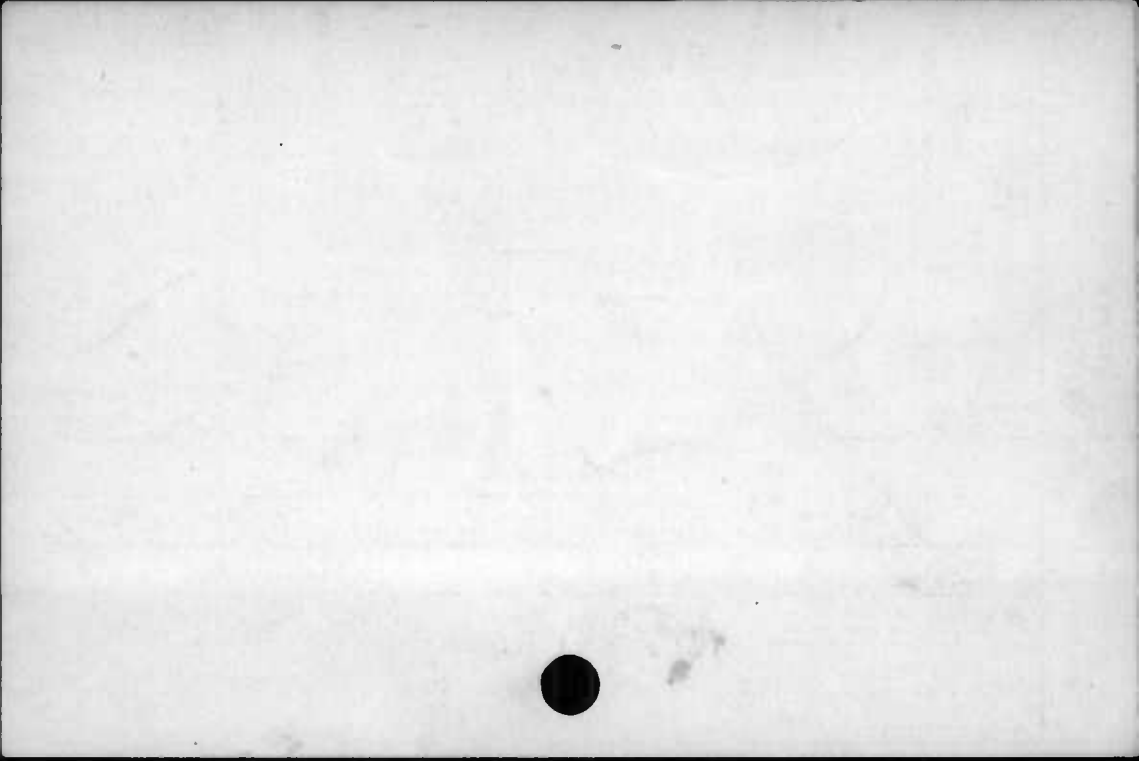
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		March	20	40		2	
Sex	Female		Color or Race	Colored		Birthplace	Annapolis
Occupation	Domestic		Where Residing If not at place of death 81 Pleasant St.				
Married, Single or Widowed	Married		Name of Wife or Husband Walter Smith				
Father's Name	Edward Williams					Father's Birthplace	A. A. Co.
Mother's Maiden Name	Eliza Peterson					Mother's Birthplace	A. A. Co.
Name of person giving information	Walter Smith					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	19	of few hours
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout		
Yes		Address Annapolis		
Accident or Suicide?				



Name
in
Full

Still Born

Sprout
Heacock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>			Town			<i>Anne Arundells</i>			County			MARYLAND		
Date of death <i>1904</i>		Month <i>March</i>		Day <i>14</i>		Age		Years		Months		Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ann of this</i>										
Occupation						Where Residing if not at place of death								
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband											
Father's Name <i>W. A. Sprout</i>			Father's Birthplace <i>Father's</i>											
Mother's Maiden Name <i>Alice Heacock</i>			Mother's Birthplace <i>P. A.</i>											
Name of person giving information <i>W. A. Sprout</i>			How related to deceased <i>Father</i>											

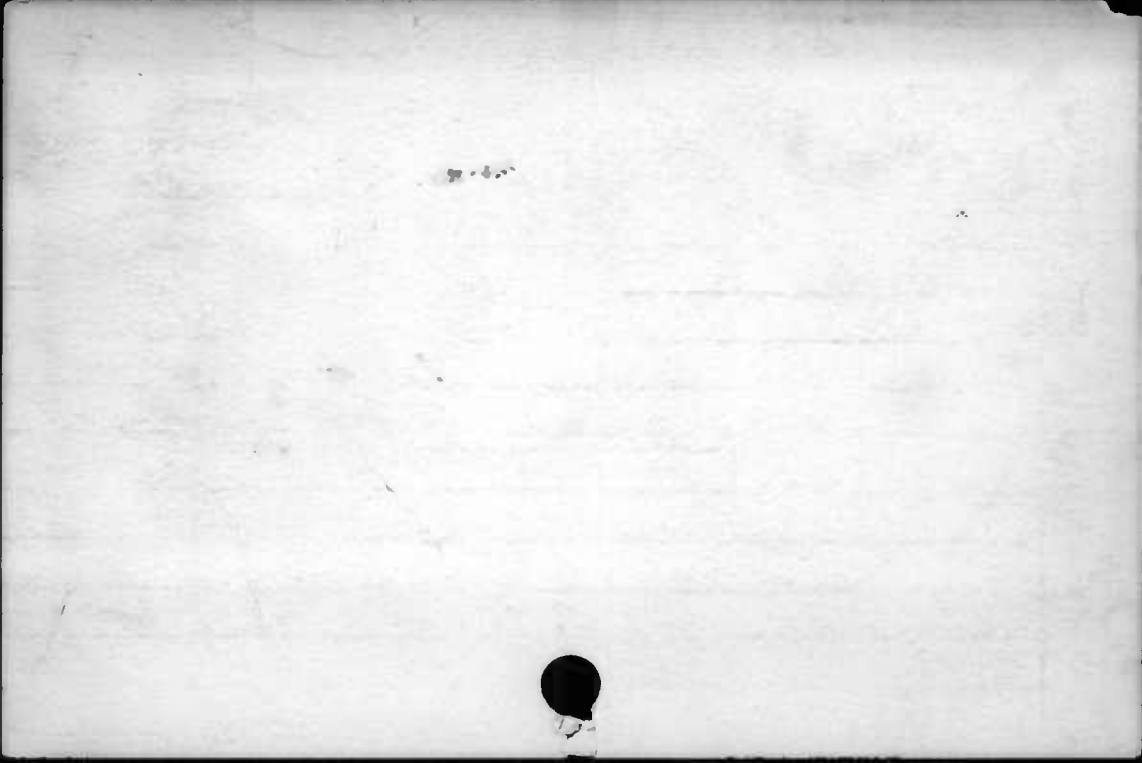
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. R. Hobbs</i>	
		Address <i>17 Maryland</i>	
Accident or Suicide?		<i>Box</i>	



Name In Full		Alice Heacock Sprout.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis		County Anne Arundelle		MARYLAND
	Date of death		1906	Month March	Day 4	Age 32	Years 2
	Sex		Female		Color or Race White		Birth-place Philadelphia
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband W. R. Sprout		
	Father's Name		William Heacock.			Father's Birthplace Penna.	
	Mother's Maiden Name		Julia Overholzer.			Mother's Birthplace Hornstown Pa.	
	Name of person giving information		Mr W. R. Sprout.			How related to deceased Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Post Partum hemorrhage			(35) How long in labor 12 hrs.	
	Immediate		Syncope			How long Hemorrhage 45 min.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. R. Webb M.D.		
					Address 17 Maryland Ave		
	Accident or Suicide?		—				



Name
in
Full

David Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

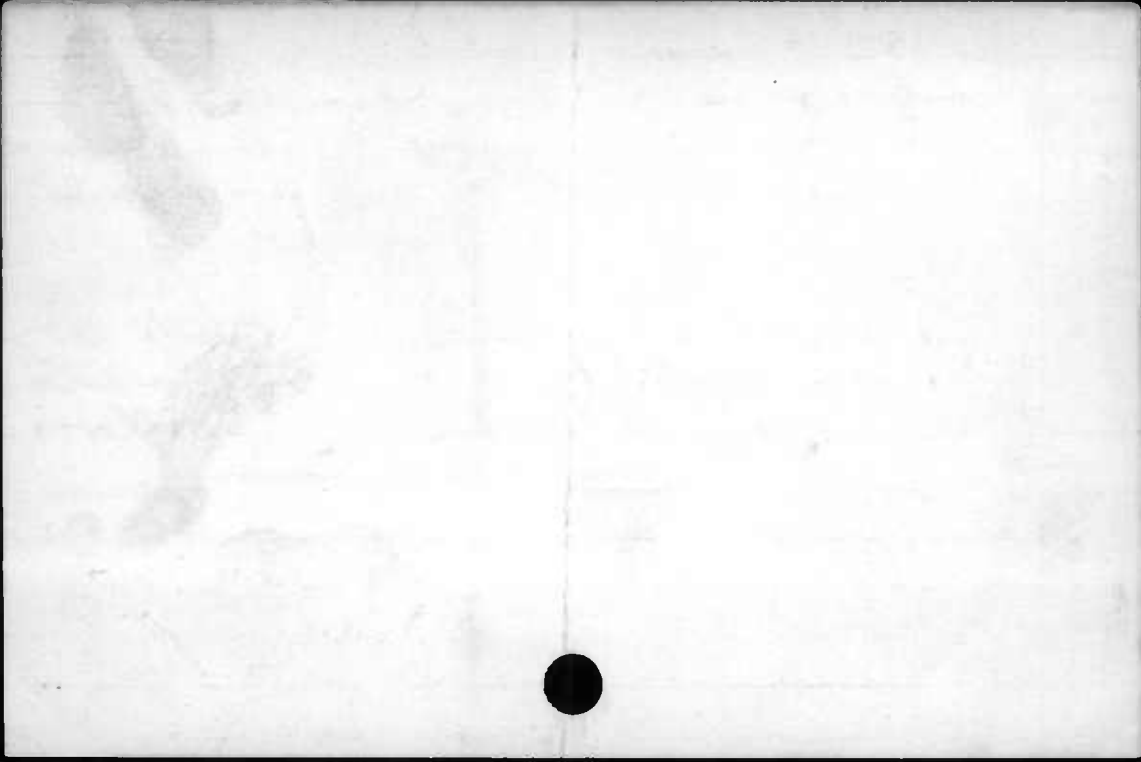
MARYLAND

Died at <u>Elrapon</u> Town		County <u>aa</u>			
Date of death <u>1906</u>	Month <u>March</u>	Day <u>1</u>	Age <u>50</u>	Years	Months
Sex <u>male</u>	Color or Race <u>African</u>		Birth place <u>Ind. Penn</u>		
Occupation <u>farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Emma</u>			
Father's Name <u>John Thomas</u>			Father's Birthplace <u>aa</u>		
Mother's Maiden Name <u>May Thomas</u>			Mother's Birthplace <u>aa</u>		
Name of person giving information <u>John Thomas</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart failure</u>	How long	<u>1791</u>
Immediate	<u>Heart failure</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. B. Thomas</u>	
		Address <u>Elrapon</u>	
Accident or Suicide?			



Name
in
Full

Mary Celestia Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundell</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>Mar</u> <small>Day</small>	<u>12</u> <small>Age</small>	<u>2</u> <small>Months</small>	<u>12</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>Col.</u>	
Occupation	<u></u>		Birth-place	<u>Annapolis</u>	
Where Residing If not at place of death			<u></u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u></u>	
Father's Name	<u>Elsworth Thomas</u>			Father's Birthplace	<u>Balto Md</u>
Mother's Maiden Name	<u>Alberto Diggs</u>			Mother's Birthplace	<u>Annapolis</u>
Name of person giving information	<u>Elsworth Thomas</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>congenital Loue's</u>		How long	<u>since Birth</u>
Immediate	<u>Exhaustion</u>		How long	<u>exhaustion</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<u>yes</u>		<u>John Ridout</u>		
		Address		
		<u>Annapolis</u>		
		<u>Md</u>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

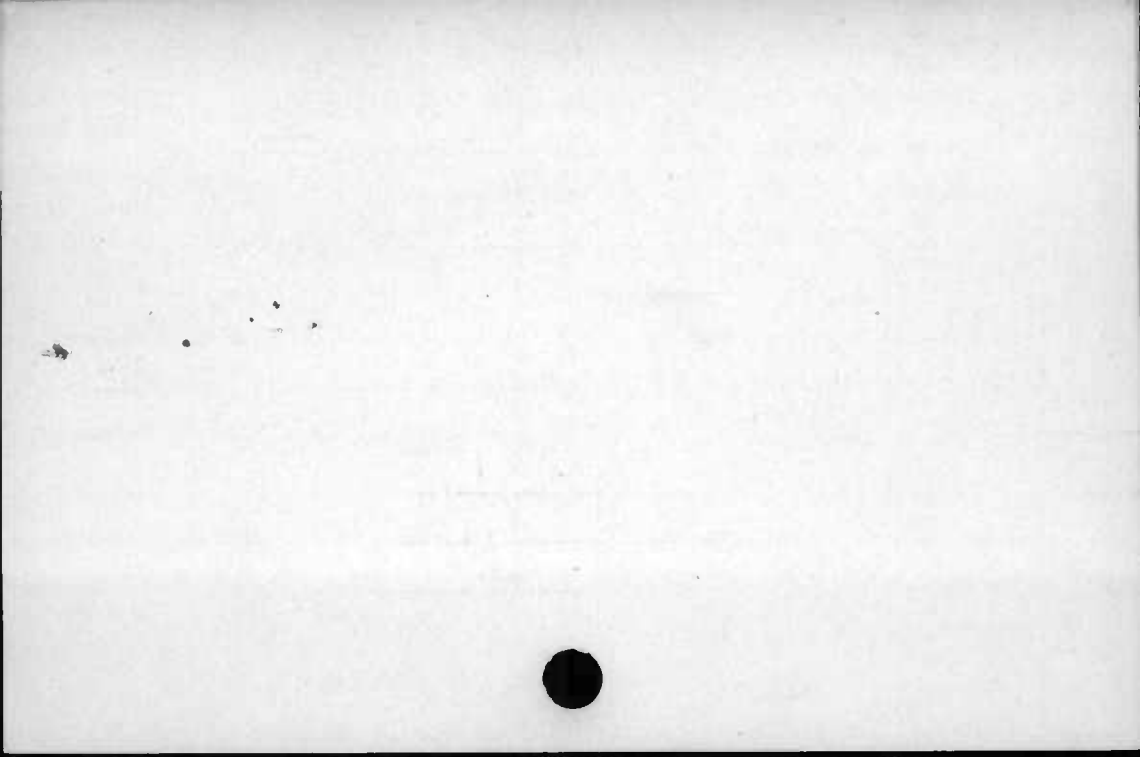
MARYLAND

Died at <i>Stansbury</i> Town <i>3rd</i> County <i>Prince Anne</i>			
Date of death <i>1906</i> Month <i>March</i> Day <i>11th</i> Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>4</i>			
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>A t co</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Malbury Hill</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Isiah Stansbury</i>	Father's Birthplace <i>A t co</i>		
Mother's Maiden Name <i>Jimmie Chambers</i>	Mother's Birthplace <i>A t co</i>		
Name of person giving information <i>J. Stansbury</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Weak Heart</i>	<i>151</i>	How long <i>Four Weeks</i>
Immediate <i>Heart Failure</i>		How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. R. Walton. M.D.</i>	
<i>Yes</i>	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name
in
Full

Un-named Male Child Tongue

CERTIFICATE OF DEATH

MARYLAND

Died at Chesilton ^{Town} Chesilton ^{County}
 Date of death 1906 Mar ^{Month} 27 ^{Day} — ^{Years} — ^{Months} one ^{Days}
 Sex Male Color or Race Colored Birth-place Chesilton-Md
 Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Marshall Thompson Father's Birthplace Md
 Mother's Maiden Name Okella Thompson Mother's Birthplace Md
 Name of person giving information Wm Harrod How related to deceased Friend

CAUSES OF DEATH

Primary Convulsions (71) How long 3 hours
 Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Yes / Dr. —
 Address Chesilton

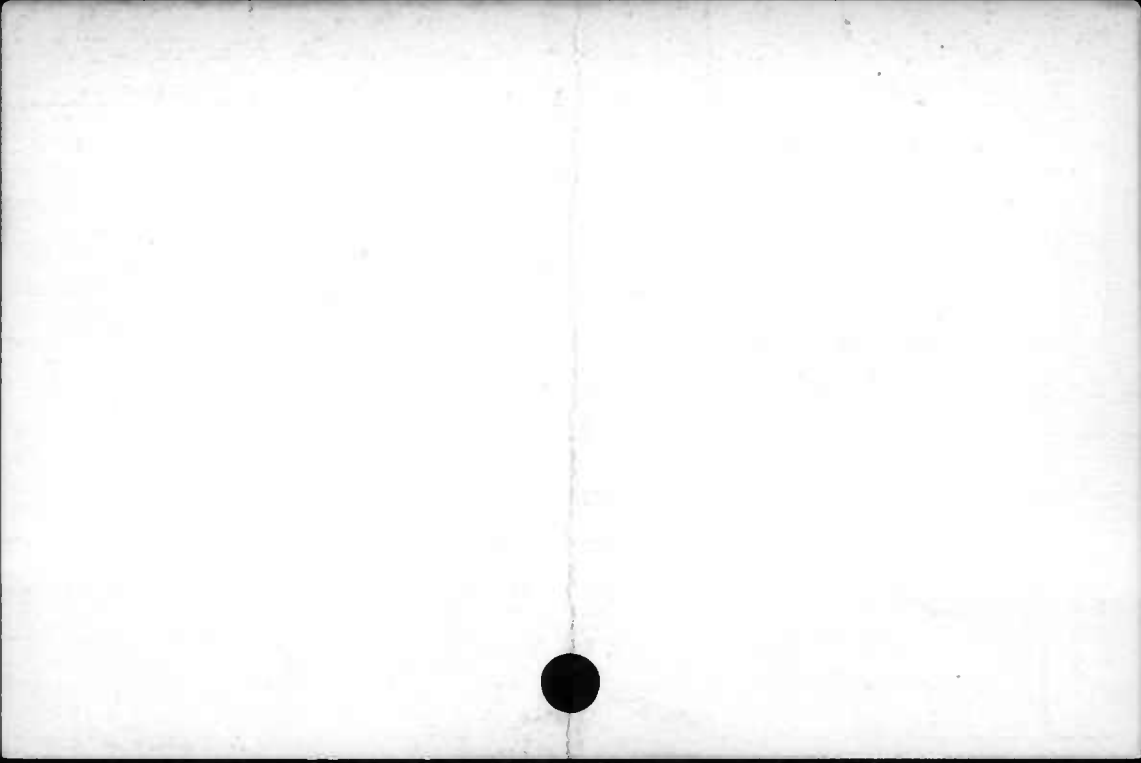
Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full		Birtha West				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Wicliham		Anne Arundel					
		Date of death	1906	Month	3	Day	15	Age	1
		Sex	Female	Color or Race	Coloured	Birthplace	Anne Arundel Co Md		
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Benjamin West		Father's Birthplace			
		Mother's Maiden Name		Eloza Warren		Mother's Birthplace			
		Name of person giving information		Benjamin West		How related to deceased			
						Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Whooping Cough &		How long			
		Immediate		Pneumonia		3 weeks			
		Are the name, age, sex, color, date and place correctly given above?		yes		How long			
				Signature of Physician		3 days			
				Address		C R Henderson			
				Hanover Md					
		Accident or Suicide?							



Name
In Full

Mary Williams

CERTIFICATE OF DEATH

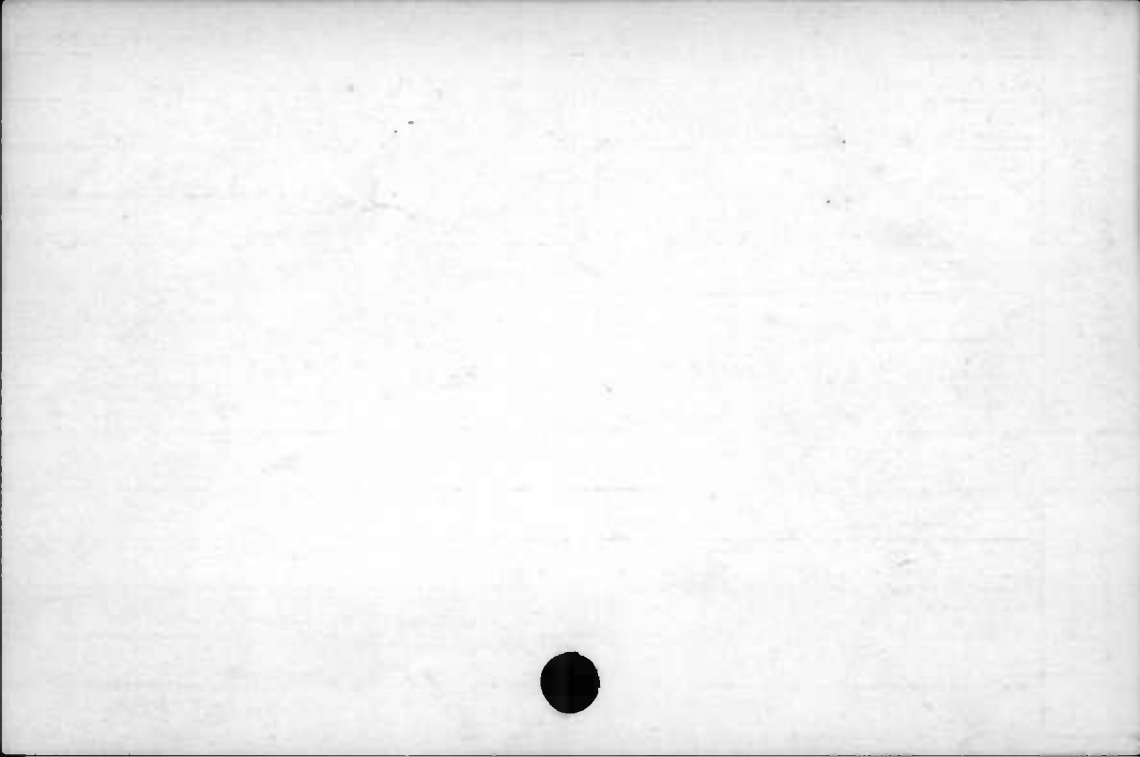
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near same		A. A. Co		County		MARYLAND	
Date of death	1906	Month	June	Day	28th	Age	4	Months	"
Sex	Female		Color or Race	Black		Birth-place	A. A. Co		
Occupation	None				Where Residing if not at place of death		Home Town		
Married, Single or Widowed	Yes		Name of Wife or Husband		None				
Father's Name	Charles Williams					Father's Birthplace	A. A. Co		
Mother's Maiden Name	Emma Cadger					Mother's Birthplace	Howard Co		
Name of person giving information	Charles Annica					How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	(93)
Immediate	Pneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. H. Smith M.D.
			Address	Laurel Md
Accident or Suicide?				



Name in Full *Sarah Loretta Williams* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

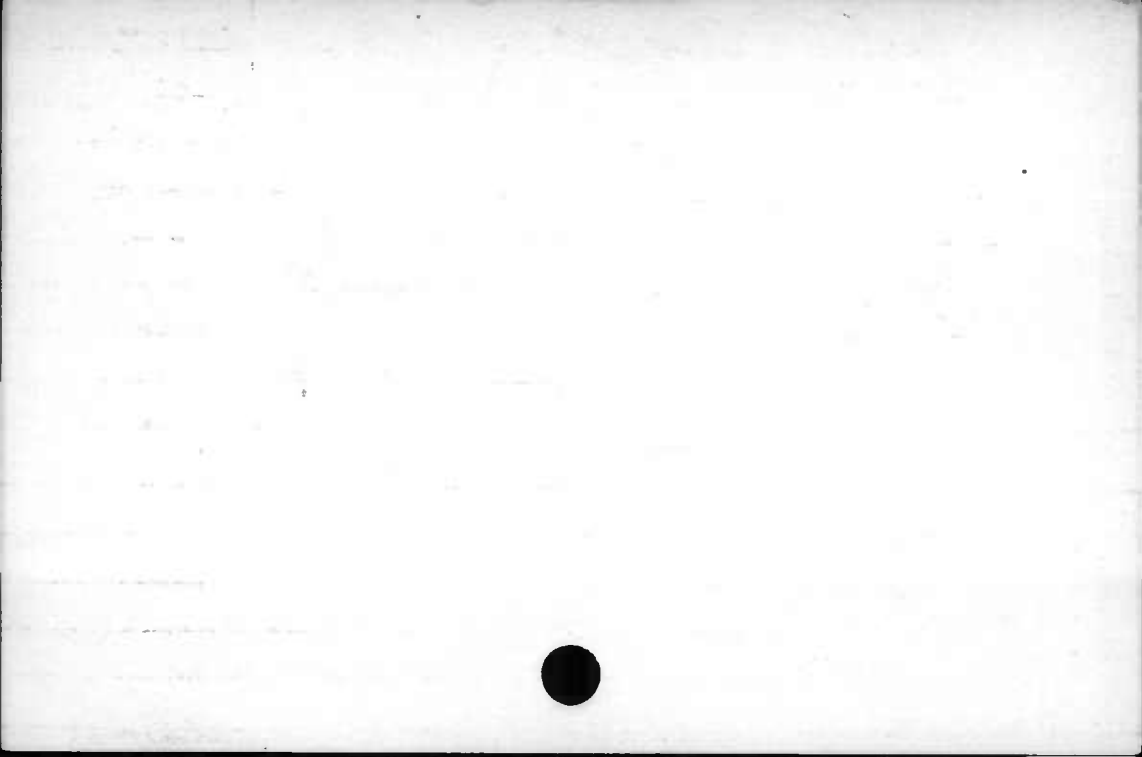
MARYLAND

Died at *Armiger's* Town *Anne Arundel* County
 Date of death *1906* Month *March* Day *4* Age *39* Years Months Days
 Sex *Female* Color or Race *white* Birth-place *Baltimore Md*
 Occupation *Housewife* Where Residing If not at place of death
 Married, Single or Widowed *married* Name of Wife or Husband *Stonewall J. Williams*
 Father's Name *Matthew Curran* Father's Birthplace *Ireland*
 Mother's Maiden Name *Mary Lacey* Mother's Birthplace *Ireland*
 Name of person giving information *S. J. Williams* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Uterine haemorrhage* How long *3 hours*
 Immediate *valvular disease of heart* How long *1 hour*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. H. Crane M.D.*
 Address *Armiger*
 Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Hester Wilson* Town *Hagerburg* County *A.A.*

Died at *Hagerburg*

Date of death *1906* Month *Mar.* Day *7* Age *13* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *A.A. Co.*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Leas Wilson* Father's Birthplace *Mo.*

Mother's Maiden Name *Rena Allen* Mother's Birthplace *Mo.*

Name of person giving information *Daniel Wilson* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningitis, (Eclampsia Purpurea)* How long *24 hrs.*

Immediate *Heart Failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. B. Gant*

Address *Millersville*

Accident or Suicide? *No*

